RUN DATE 06/20/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 1 SALES JRNL # 0286 LOC 001 SUNNYSIDE CITYWIDE REG NY NY SHP SENIOR HEALTH PARTNERS SALES REGISTER BILL WEEK ENDING 6/22/12 CUST NO CUSTOMER NAME INVOICE# DATE REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS ALVAREZ, ANGELA 4.00 198756 6/15/12 000082 SENIOR HEALTH PARTNERS 57.00 I ALVAREZ, ANGELA
ALVAREZ, ANGELA
BANKS, ANASTAZJ
BROOKS, NATALIE
CARRILLO, MARIA
COLON, RAYMUNDA
GHILIOTTY, FLOR
GRAFSTEIN, LILL
HARIDIN, KHAMAT
HARIDIN, KHAMAT
HARIDIN, RAMDIA
HERNANDEZ, FRAN
LEPORE, CLAIRE
MOROCHO, MANUEL
RODRIGUEZ, MARI
SIERRA, MIRIAM
SIMON, LUPE
TORRESCAMPOS, J
VASQUEZ, CORNEL
VIDOT-LINARES,
WOO, LUZ 198757 6/08/12 000082 SENIOR HEALTH PARTNERS ALVAREZ, ANGELA 4.00 57.00 I SENIOR HEALTH PARTNERS 270.75 198758 6/08/12 000082 19.00 198759 6/15/12 000082 SENIOR HEALTH PARTNERS 17.50 249.38 198760 6/15/12 000082 SENIOR HEALTH PARTNERS 35.00 498.75 498.75 198761 6/15/12 000082 SENIOR HEALTH PARTNERS 35.00 198762 6/15/12 000082 SENIOR HEALTH PARTNERS 32.00 456.00 198763 6/15/12 000082 SENIOR HEALTH PARTNERS 7.00 1,400.00 198764 6/15/12 000082 SENIOR HEALTH PARTNERS 33.00 470.25 1,923.76 198765 6/15/12 000082 SENIOR HEALTH PARTNERS 135.00 498.75 198766 6/15/12 000082 SENIOR HEALTH PARTNERS 35.00 198767 6/15/12 000082 SENIOR HEALTH PARTNERS 2.50 35.63 198768 6/15/12 000082 SENIOR HEALTH PARTNERS 76.00 1,083.00 198769 6/15/12 000082 SENIOR HEALTH PARTNERS 20.00 285.00 198770 6/15/12 000082 SENIOR HEALTH PARTNERS 25.00 356.25 198771 6/15/12 SENIOR HEALTH PARTNERS 8.00 114.00 000082 198772 6/15/12 SENIOR HEALTH PARTNERS 40.00 570.00 000082 198773 6/15/12 000082 SENIOR HEALTH PARTNERS 8.00 114.00 427.50 198774 6/15/12 000082 SENIOR HEALTH PARTNERS 30.00 198775 6/15/12 000082 SENIOR HEALTH PARTNERS 12.00 171.00 198776 6/15/12 000082 SENIOR HEALTH PARTNERS 4.00 57.00 _____ -----CUSTOMER 582.00 0.00 9,593.77 CATEGORY 582.00 0.00 9,593.77

| | | | YSIDE CITYWIDE | 222 | | | PAGE 1 - | 2 |
|------------------|--------------------|------------------|---|-----------------------------|----------------|---------|--------------------------------------|---------|
| SALES JRN | L # U286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | VCP CHOICE LHCSA BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198777 198778 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 56.00 12.00 | | 816.48 I 174.96 I | |
| | | | | CUSTOMER | 68.00 | 0.00 | 991.44 | |
| | | | | CATEGORY | 68.00 | 0.00 | 991.44 | |

| - 1 | | 06/20/12 - L # 0286 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 3 | |
|-----|-------------|------------------------|---------|--------------------------------------|-----------------|-------|---------|-----------------------|---------|--|
| | DILLEO CIUV | L 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 | |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| | 198779 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ACOSTA, ALBERTO | 19.75 | | 287.96 I | | |
| | | | | | | | | | | |
| | | | | | CATEGORY | 19.75 | 0.00 | 287.96 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - | 4 |
|-----------|------------|------------|------------------------|-----------------|------------|---------|--------------|------|---------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | HCSA | |
| | | | S | ALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198780 | 6/15/12 | 000008 | VISITING NURSE SERVICE | ADAMES, OLGA | 25.00 | | 364.50 | I | |
| 198781 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ADAMES, RICARDO | 35.00 | | 510.30 | I | |
| 198782 | 6/15/12 | 000008 | VISITING NURSE SERVICE | ADAMS, MYRIAM | 67.25 | | 980.51 | I | |
| 198783 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ADUN, JEANETTE | 48.00 | | 699.84 | I | |
| | | | | CUSTOMER | 175.25 | 0.00 | 2,555.15 | | |
| | | | | CATEGORY | 175.25 | 0.00 | 2,555.15 | | |

| | 06/20/12 - L # 0286 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDI | _ |
|----------|------------------------|---------|--------------------------------------|-----------------------------|-------|---------|---|-------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | TYP SURPLUS |
| 198784 | 6/15/12 | 800000 | VISITING NURSE SERVICE | AGUILAR, RAFAEL | 6.00 | | 87.48 | I |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 6 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|----------------|-----------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | | MEW/O WALLS (LT |
| | | | S | ALES REGISTER | | | BILL WEEK ENDI | NG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 198785 | 6/15/12 | 800000 | VISITING NURSE SERVICE | AGUILAR, ZORAID | 45.00 | | 656.10 | I |
| | | | | | | | | |
| | | | | CATEGORY | 45.00 | 0.00 | 656.10 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 7 |
|-----------|------------|------------|------------------------|---------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198786 | 6/15/12 | 800000 | VISITING NURSE SERVICE | AKBAR, NASEEM | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE | 1 - | 8 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------|--------|---------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSIN | G HOME | W/O WALLS (LT |
| | | | | SALES REGISTER | | | BILL WEEK | ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUN | r TYP | SURPLUS |
| 198787 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ALEKSANDORVA, S | 20.00 | | 291.6 |) I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.6 | :) | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 9 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198788 | 6/15/12 | 000008 | VISITING NURSE SERVICE | ALFEREZ, GLORIA | 30.00 | | 437.40 I | |
| 198789 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ALMANZAR, REMIG | 4.00 | | 58.32 I | |
| | | | | CUSTOMER | 34.00 | 0.00 | 495.72 | |
| | | | | | | | | |
| | | | | CATEGORY | 34.00 | 0.00 | 495.72 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 1 | .0 |
|-----------|----------|---------|------------------------|---------------------------|-------|---------|------------------------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTE | Ð | | HOA HOSPICE ADULT BILL WEEK ENDING | 6/22/12 |
| | | | | SALES KEGISIE | K | | BILL WEEK ENDING | 0/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198790 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ALVAREZ, NAZARE | 56.00 | | 816.48 I | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE (| | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE LH | _ | .1 |
|------------------|--------------------|-----------------------|---|------------------------------------|---------------|---------|-------------------------|-----|---------|
| DILLED GIGN | L 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK END | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198791 198792 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | ANANIA, GLYGERI ANDINO, ESTEBAN | 5.00 20.00 | | 72.90 291.60 | I | |
| | | | | CUSTOMER | 25.00 | 0.00 | 364.50 | | |
| | | | | CATEGORY | 25.00 | 0.00 | 364.50 | | |

| RUN DATE 0 SALES JRNL | | SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 ADU ADULT | - 1 | .2 |
|--------------------------|--------------------|------------------|--|----------------|----------------|---------|---------------------|--------|---------|
| 0111111 | . 11 0200 | 200 001 | | SALES REGISTER | | | BILL WEEK END | ING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| | 6/15/12 6/15/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , - | 84.00 22.25 | | 1,224.72 324.41 | I I | |
| | | | | CUSTOMER | 106.25 | 0.00 | 1,549.13 | | |
| | | | | CATEGORY | 106.25 | 0.00 | 1,549.13 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 1 | L3 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------|------|---------|--|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | HCSA | | |
| | | | | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS | |
| 198795 | 6/15/12 | 000008 | VISITING NURSE SERVICE | ANDREWS, JOHNNI | 32.00 | | 466.56 | I | | |
| 198796 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ANGRISANO, RUTH | 28.00 | | 408.24 | I | | |
| | | | | CUSTOMER | 60.00 | 0.00 | 874.80 | | | |
| | | | | | | | | | | |
| | | | | CATEGORY | 60.00 | 0.00 | 874.80 | | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 14 |
|-----------|------------|------------|------------------------|---------------|-------|---------|-------------------|--------------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | /O WALLS (LT |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198797 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ANGULO, ELCY | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 15 ADU ADULT | |
|-----------------------|------------|-----------------------|--------------------------------------|----------------|-------|---------|--------------------------|---------|
| Brillip ord | NE 0200 | 100 001 | | ALES REGISTER | | | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198798 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ANSELMI, PETER | 6.00 | | 87.48 I | |
| | | | | | | | | |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 16 |
|-----------|------------|----------|------------------------|----------------|-------|---------|-------------------|---------------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | I/O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198799 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ANUT, ALICE | 61.00 | | 889.38 I | |
| | | | | CATEGORY | 61.00 | 0.00 | 889.38 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 17 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0286 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198800 | 6/15/12 | 800000 | VISITING NURSE SERVICE | AOUN, ODETTE | 13.00 | | 189.54 I | |
| | | | | CATEGORY | 13.00 | 0.00 | 189.54 | |

| | | | IYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 18 |
|----------|---------|---------|---------------------------------------|-----------------|-------|---------|-----------------------|---------|
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198801 | 6/15/12 | 800000 | VISITING NURSE SERVICE | APPELL, LAWRENC | 9.00 | | 131.22 I | |
| | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCS | |
|-----------------------|---------|---------|--------------------------------------|-----------------|-------|---------|-----------------------------|-----------|
| | | | S | ALES REGISTER | | | BILL WEEK ENDIN | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 198802 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ARIAS, MAGDALEN | 46.00 | | 670.68 I | |
| | | | | CATEGORY | 46.00 | 0.00 | 670.68 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 20 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | SURPLUS |
| 198803 | 6/15/12 | 000008 | VISITING NURSE SERVICE | ASADOURIAN, COR | 23.00 | | 335.34 I | |
| 198804 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ASH, MARIE | 12.00 | | 174.96 I | |
| | | | | CUSTOMER | 35.00 | 0.00 | 510.30 | |
| | | | | COSTOMER | 35.00 | 0.00 | 510.50 | |
| | | | | | | | | |
| | | | | CATEGORY | 35.00 | 0.00 | 510.30 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 21 |
|-----------|------------|------------|------------------------|----------------|-------|---------|---------------|------------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING H | OMEW/O WALLS (LT |
| | | | : | SALES REGISTER | | | BILL WEEK END | ING 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT ' | TYP SURPLUS |
| 198805 | 6/15/12 | 000008 | VISITING NURSE SERVICE | ASHLEY, CLYDE | 35.00 | | 510.30 | I |
| 198806 | 6/15/12 | 800000 | VISITING NURSE SERVICE | AZAD, ABUL | 20.00 | | 291.60 | I |
| | | | | CUSTOMER | 55.00 | 0.00 | 801.90 | |
| | | | | COSTOMER | 33.00 | 0.00 | 001.90 | |
| | | | | | | | | |
| | | | | CATEGORY | 55.00 | 0.00 | 801.90 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 22 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198807 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BADILLO, JOVITA | 4.00 | | 58.32 I | |
| | | | | CATEGORY | 4.00 | 0.00 | 58.32 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 23 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198808 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BAEZ, JUAN | 14.00 | | 204.12 I | |
| | | | | CATEGORY | 14.00 | 0.00 | 204.12 | |

| RUN DATE 0 SALES JRNL | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HO BILL WEEK END | OMEW/ | |
|--------------------------|--|----------------------------|--|--|----------------------------------|---------|---|-------------|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT 7 | ΓΥΡ | SURPLUS |
| 198810 198811 | 6/15/12 6/15/12 6/15/12 6/15/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | BALLAS, VIOLA BAQUERIZO, ANNA BARDEANU, VICTO BATTLE, JEANETT | 30.00 56.00 45.00 41.75 | | 437.40 816.48 656.10 608.72 | I I I | |
| | | | | CUSTOMER | 172.75 | 0.00 | 2,518.70 | | |
| | | | | CATEGORY | 172.75 | 0.00 | 2,518.70 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - HOA HOSPICE ADUL' | 25 r |
|-----------------------|--------------------|-----------------------|--------------------------------------|------------------------------------|-------|---------|-------------------------------|---------|
| | 2 0200 | 200 001 | | ALES REGISTER | | | BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198813 198814 | 6/08/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE | BECERRA, FELIPE BECERRA, FELIPE | 3.00 | | 43.74 I 131.22 I | |
| 190014 | 0/13/12 | 000000 | VISITING NORSE SERVICE | DECERRA, FELIPE | 9.00 | | 131.22 1 | |
| | | | | CUSTOMER | 12.00 | 0.00 | 174.96 | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| | | | YSIDE CITYWIDE | | | | 11102 1 | | 26 |
|------------------|--------------------|------------------|--|-----------------------------|----------------|---------|------------------------------|--------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | VCP CHOICE L BILL WEEK EN | | 6/22/12 |
| | | | | | | | DIDD WEEK EN | DING | 0/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198815 198816 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 151.00 6.00 | | 2,201.58 87.48 | I I | |
| | | | | CUSTOMER | 157.00 | 0.00 | 2,289.06 | | |
| | | | | CATEGORY | 157.00 | 0.00 | 2,289.06 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 27 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------|------------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | | OMEW/O WALLS (LT |
| | | | : | SALES REGISTER | | | BILL WEEK END | OING 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 198817 | 6/15/12 | 000008 | VISITING NURSE SERVICE | BETHUNE, HARRYD | 5.00 | | 72.90 | I |
| 198818 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BHAWNANI, BISHU | 24.00 | | 349.92 | I |
| | | | | CUSTOMER | 29.00 | 0.00 | 422.82 | |
| | | | | | | | | |
| | | | | CATEGORY | 29.00 | 0.00 | 422.82 | |

| | 2 - SUP SUNNYSIDE CITYWII | | | | PAGE 1 - | 28 |
|------------------|---------------------------|--------------------|----------------|---------|-------------------------------|---------|
| SALES JRNL # 028 | 6 LOC 001 SUNNYSIDE C | | Y GISTER | | ADU ADULT BILL WEEK ENDING | 6/22/12 |
| | | | 0 1 0 1 2 1 | | 2111 11211 2112111 | 0,22,12 |
| INVOICE# DATE | CUST NO CUSTOMER NAM | E REFERE | ENCE HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 198819 6/15/1 | 2 000008 VISITING NUR | SE SERVICE BHULLA, | , JIWAN 48.00 | | 699.84 I | |
| 198820 6/15/1 | 2 000008 VISITING NUR | SE SERVICE BIANCO | HOPKINS, 20.00 | | 291.60 I | |
| | | | CUSTOMER 68.00 | 0.00 | 991.44 | |
| | | | | 0.00 | | |
| | | | | 0.00 | 991.44 | |
| | | (| CAIEGURI 08.00 | 0.00 | 221.44 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 9 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|--------------------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/ | O WALLS (LT |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 198821 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BLANCAFLOR, PUR | 40.00 | | 583.20 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE | 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 30 | |
|-----------|-----------|------------|------------------------|-----------------|-------|---------|------------------|---------|--|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | | |
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| 198822 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BLUNNIE, ELIZAB | 16.00 | | 233.28 I | | |
| | | | | CATEGORY | 16.00 | 0.00 | 233.28 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 31 |
|-----------------------|--------------------|-----------------------|--|----------------|----------------|---------|-----------------------|------------|
| SALES ORN | 1 # 0200 | HOC 001 | | SALES REGISTER | | | BILL WEEK ENDI | NG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 198823 198824 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 20.00 49.00 | | 291.60 714.42 | I I |
| | | | | CUSTOMER | 69.00 | 0.00 | 1,006.02 | |
| | | | | CATEGORY | 69.00 | 0.00 | 1,006.02 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 32 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | A |
| | | | S A | ALES REGISTER | | | BILL WEEK ENDING | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | P SURPLUS |
| 198825 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BONILLA, LYDIA | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - : | 33 | |
|-----------|------------|----------|------------------------|-----------------|-------|---------|-------------------|---------|--|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| 198826 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BONSIGNORE, GAE | 25.00 | | 364.50 I | | |
| | | | | | | | | | |
| | | | | CATEGORY | 25.00 | 0.00 | 364.50 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 34 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 198827 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BOOKAS, ODYSEAS | 20.00 | | 291.60 I | |
| | | | | | | | | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 35 | |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------------|---------|
| ١ | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | AMH ADULT MENTAL HE | ALTH |
| ı | | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| ١ | | | | | | | | | |
| ١ | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| ١ | | | | | | | | | |
| ı | 198828 | 6/15/12 | 000008 | VISITING NURSE SERVICE | BORSARI, ANTOIN | 4.00 | | 58.32 I | |
| ١ | | | | | | | | | |
| ı | | | | | | | | | |
| ı | | | | | CATEGORY | 4.00 | 0.00 | 58.32 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 36 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198829 | 6/15/12 | 000008 | VISITING NURSE SERVICE | BORYSEWICZ, MAR | 12.00 | | 174.96 I | |
| | | | | | | | | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 37 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-----------------|-----------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOM | IEW/O WALLS (LT |
| | | | : | SALES REGISTER | | | BILL WEEK ENDIN | IG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 198830 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BOYADJIAN, ZARO | 35.75 | | 521.24 | : |
| | | | | CATEGORY | 35.75 | 0.00 | 521.24 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE LE | | 38 |
|-----------------------|--------------------|-----------------------|---|--------------------------------|---------------|---------|-------------------------|-----|---------|
| DALLED OICH | 1L # 0200 | HOC 001 | | SALES REGISTER | | | BILL WEEK END | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198831 198832 | 6/08/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | BOYLAN, FRANK BOYLAN, FRANK | 9.00 63.00 | | 131.22 918.54 | I | |
| | | | | CUSTOMER | 72.00 | 0.00 | 1,049.76 | | |
| | | | | CATEGORY | 72.00 | 0.00 | 1,049.76 | | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 39 |
|---|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|-------------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE C | ARE PROGRAM |
| | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 198833 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BROWN, BETTY | 14.75 | | 215.06 I | |
| | | | | | CATEGORY | 14.75 | 0.00 | | |

| RUN DATE SALES JRN | | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE L | | 40 |
|-----------------------|---------|------------|-----------------------------------|-----------------|-------|---------|------------------------|------|---------|
| | | | \$ | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198834 | 6/08/12 | 800000 | VISITING NURSE SERVICE | BURGOS, RAFAELA | 3.00 | | 43.74 | I | |
| 198835 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BURGOS, RAFAELA | 10.00 | | 145.80 | I | |
| 198836 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BURNS, MARGARET | 56.00 | | 816.48 | I | |
| | | | | CUSTOMER | 69.00 | 0.00 | 1,006.02 | | |
| | | | | CATEGORY | 69.00 | 0.00 | 1,006.02 | | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 41 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAD NURSING HOM | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | SURPLUS |
| 198837 | 6/15/12 | 800000 | VISITING NURSE SERVICE | BUSCARELLO, JOH | 56.00 | | 816.48 I | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 42 |
|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|-----------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | A. |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 198838 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CABA, PURA | 10.00 | | 145.80 I | |
| | | | | CATEGORY | 10.00 | 0.00 | 145.80 | |

| | | 06/20/12 - L # 0286 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 4 | 3 |
|---|-------------|------------------------|---------|--------------------------------------|-----------------|-------|---------|-----------------------|----|---------|
| | JILLO GIGVI | L 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDI | NG | 6/22/12 |
| I | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | ΥP | SURPLUS |
| 1 | 198839 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CALABRO, JOSEPH | 70.00 | | 1,020.60 | I | |
| | | | | | CATEGORY | 70.00 | 0.00 | 1,020.60 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 44 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-----------------|------------|
| SALES JRN | rL # 0286 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCS | |
| | | | i | SALES REGISTER | | | BILL WEEK ENDIN | NG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 198840 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CALDERON, FRANC | 43.50 | | 634.23 | I. |
| | | | | CATEGORY | 43.50 | 0.00 | 634.23 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 4 | 5 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | HOA HOSPICE ADULT | |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198841 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CALKOSZ, JOSEFI | 63.00 | | 918.54 I | |
| | | | | | | | | |
| | | | | CATEGORY | 63.00 | 0.00 | 918.54 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 46 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | | REG NY NY | | | ADU ADULT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 198842 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CAMARGO, BELISA | 6.00 | | 87.48 I | |
| | | | | | | | | |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| RUN DATE SALES JRN | | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCSA | 47 |
|-----------------------|--------------------|------------------|---|------------------------------------|---------------|---------|------------------------------|---------|
| SALES UKN | IL # 0200 | TOC 001 | | ALES REGISTER | | | BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | SURPLUS |
| 198843 198844 | 6/01/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | CAMBARA, JOSEFA CAMBARA, JOSEFA | 6.00 56.00 | | 87.48 I 816.48 I | |
| | | | | CUSTOMER | 62.00 | 0.00 | 903.96 | |
| | | | | CATEGORY | 62.00 | 0.00 | 903.96 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 48 |
|-----------|------------|------------|------------------------|----------------|-------|---------|-------------------|--------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | /O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 198845 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CANO, ADELINA | 42.00 | | 612.36 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 42.00 | 0.00 | 612.36 | |

| RUN DATE | 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 4 | 19 |
|-----------|-----------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198846 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CAPORASO, VINCE | 83.50 | | 1,217.43 I | |
| | | | | CATEGORY | 83.50 | 0.00 | 1,217.43 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 50 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | |
| | | | i | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198847 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CARBAJAL, MERCE | 35.25 | | 513.95 I | |
| | | | | CATEGORY | 35.25 | 0.00 | 513.95 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 5 | 51 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198848 | 6/15/12 | 000008 | VISITING NURSE SERVICE | CARDOSO, ORLAND | 54.25 | | 790.97 I | |
| 198849 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CARDOZA, ANAIDA | 35.00 | | 510.30 I | |
| | | | | CUSTOMER | 89.25 | 0.00 | 1,301.27 | |
| | | | | CATEGORY | 89.25 | 0.00 | 1,301.27 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 5 | 52 |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|---------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | HOA HOSPICE ADULT | |
| ı | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 198850 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CARRALERO, ROSA | 42.00 | | 612.36 I | |
| | | | | | CATEGORY | 42.00 | 0.00 | 612.36 | |

| RUN DATE SALES JRN | | SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S A | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - ADU ADULT BILL WEEK ENDING | 53 6/22/12 |
|-----------------------|---------|---------------------|---|--------------------------------------|-------|---------|---|------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198851 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CARRENO, CRISTI | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 5 | = |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|--|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | LTC NURSING HOMEW/ BILL WEEK ENDING | , |
| | | | | ALES KEGISIEK | | | DIDD WEEK ENDING | 0/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198852 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CARTAGENA, FRAN | 56.00 | | 816.48 I | |
| | | | | | | | 016.40 | |
| 1 | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| - 1 | | 06/20/12 - L # 0286 | | | REG NY NY | | | VCP CHOICE LHCSA | |
|-----|----------|------------------------|---------|------------------------|-----------------|-------|---------|------------------|---------|
| | | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 198853 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CEBALLOS, CLEME | 20.00 | | 291.60 I | |
| | | | | | | | | | |
| ı | | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| | DATE 06/20/12 S JRNL # 0286 | | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 56 |
|-------|--------------------------------|---------|---------------------------------------|----------------|-------|---------|-----------------------|---------|
| STILL | .b 01441 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVO | ICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 1988 | 54 6/15/12 | 8000008 | VISITING NURSE SERVICE | CELIO, MARION | 9.00 | | 131.22 I | |
| | | | | | | | | |
| | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 57 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRN | 1L # 0286 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCS. | |
| | | | i | SALES REGISTER | | | BILL WEEK ENDIN | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 198855 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CERNILLI, MARIA | 19.25 | | 280.67 I | |
| | | | | CATEGORY | 19.25 | 0.00 | 280.67 | |

| ı | RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 58 |
|---|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|---------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | • |
| ı | | | | \$ | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 198856 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CHAPPLE, VICKIE | 23.00 | | 335.34 I | |
| | | | | | CATEGORY | 23.00 | 0.00 | 335.34 | |
| 1 | | | | | CATEGORI | 23.00 | 0.00 | 333.31 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 59 |
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| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| ı | | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 198857 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CHARLES PIERRE, | 24.50 | | 357.21 I | |
| | | | | | CATEGORY | 24.50 | 0.00 | 357.21 | |

| RUN DATE 06 | 5/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 6 | 50 |
|-------------|-----------|------------------|--|----------------|-------|---------|------------------|--------|--------------|
| SALES JRNL | # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAD NURSING | HOME V | N/O WALLS LT |
| | | | | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| | | 800000 800008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | • | 10.00 | | 145.80 291.60 | I | |
| 190039 0 | 0/10/12 | 000008 | VISITING NORSE SERVICE | CHARLES, UOSE | 20.00 | | 291.00 | | |
| | | | | CUSTOMER | 30.00 | 0.00 | 437.40 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | | |

| | TE 06/20/12 - JRNL # 0286 | | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCS. | |
|--------|------------------------------|---------|---------------------------------------|----------------|-------|---------|------------------------------|--|
| | | | | SALES REGISTER | | | BILL WEEK ENDIN | |
| INVOIC | | CUST NO | | REFERENCE | HOURS | TAX AMT | AMOUNT TY | |
| 198860 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CHAUCA, PEDRO | 60.00 | | 874.80 I | |
| | | | | CATEGORY | 60.00 | 0.00 | 874.80 | |

| ı | RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 62 | |
|---|-----------|------------|----------|------------------------|-----------------|-------|---------|-------------------|---------|--|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | | |
| ı | | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 | |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| | 198861 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CHIANETTA, JOSE | 35.00 | | 510.30 I | | |
| | | | | | | | | | | |
| | | | | | CATEGORY | 35.00 | 0.00 | 510.30 | | |

| | | | YSIDE CITYWIDE | | | | | 63 |
|------------|----------|---------|------------------------|----------------------------|-------|---------|--------------------------------------|---------|
| SALES JRNI | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | VCP CHOICE LHCSA BILL WEEK ENDING | 6/22/12 |
| | | | | SALES REGISIER | | | BILL WEEK ENDING | 0/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198862 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CHINGA, ALBA | 24.00 | | 349.92 I | |
| | | | | CATEGORY | 24.00 | 0.00 | 349.92 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 64 | |
|-----------|------------|------------|------------------------|----------------|-------|---------|---------------------------|---|
| SALES JRN | r∟ # 0286 | LOC 001 | | REG NY NY | | | LTC NURSING HOMEW/O WALLS | , |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING 6/22/1 | 2 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLU | S |
| 198863 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CHO, MOGEE | 30.00 | | 437.40 I | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | _ |

| RUN DATE | 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | _ | 65 |
|-----------|----------|------------|------------------------|-----------------|--------|---------|---------------|-----|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LH | CSA | |
| | | | : | SALES REGISTER | | | BILL WEEK END | ING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198864 | 6/15/12 | 000008 | VISITING NURSE SERVICE | CHOUDHURY, SHAM | 39.50 | | 575.91 | I | |
| 198865 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CHU, MOLLY | 40.00 | | 583.20 | I | |
| 198866 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CHUCK, ENA | 30.00 | | 437.40 | I | |
| | | | | CUSTOMER | 109.50 | 0.00 | 1,596.51 | | |
| | | | | CATEGORY | 109.50 | 0.00 | 1,596.51 | | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 66 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|----------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | EW/O WALLS (LT |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | P SURPLUS |
| 198867 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CIPRIAN, FREDEV | 56.00 | | 816.48 I | |
| | | | | | | | | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | - 67 |
|-----------|----------|---------|------------------------|------------------|-------|---------|---------------|----------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | T17G 6 (00 (10 |
| | | | | SALES REGISTER | | | BILL WEEK END | ING 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT ' | TYP SURPLUS |
| | | | | | | | | |
| 198868 | 6/15/12 | 000008 | VISITING NURSE SERVICE | E COLEMAN, JAMES | 6.00 | | 87.48 | I |
| | | | | | | | | |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |
| 1 | | | | | | | | |

| RUN DATE SALES JRN | , - , | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTEI | 3 | | PAGE 1 - LTC NURSING HO BILL WEEK ENDI | MEW/O WALLS (LT |
|--------------------------------------|--|----------------------------|--|---|----------------------------------|---------|--|-----------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | | YP SURPLUS |
| 198869 198870 198871 198872 | 6/15/12 6/15/12 6/15/12 6/15/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | COLLER, FELISA COLLER, JOSE COLON, ANTONIA COLON, ISABEL | 20.00 15.00 42.00 30.00 | | 291.60 218.70 612.36 437.40 | I I I |
| | | | | CUSTOMER | 107.00 | 0.00 | 1,560.06 | |
| | | | | CATEGORY | 107.00 | 0.00 | 1,560.06 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 6 | 9 |
|-----------|------------|------------|------------------------|----------------|--------|---------|--------------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CAR | E PROGRAM |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198873 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CORDERO, NELLY | 168.00 | | 2,449.44 I | |
| | | | | CATEGORY | 168.00 | 0.00 | 2,449.44 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 70 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------------------|--|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/O WALLS (LT | |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING 6/22/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 198874 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CORREA, MARGARI | 30.00 | | 437.40 I | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 71 |
|-----------|------------|----------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198875 | 6/15/12 | 800000 | VISITING NURSE SERVICE | COSTA, ANTOINET | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| | | | YSIDE CITYWIDE | | | | | 72 |
|-----------|-----------|---------|------------------------|----------------|-------|---------|-------------------|---------|
| SALES JRN | IL # 0286 | LOC 001 | | REG NY NY | | | LTC NURSING HOMEW | • |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198876 | 6/15/12 | 800000 | VISITING NURSE SERVICE | COSTA, ARSENE | 40.00 | | 583.20 I | |
| | | | | | | | | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 73 |
|-----------------------|---------|---------|--------------------------------------|-----------------|-------|---------|-----------------------|---------|
| | | | | SALES REGISTER | | | BILL WEEK ENDING | , |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198877 | 6/15/12 | 800000 | VISITING NURSE SERVICE | COVALIU, SIMION | 34.75 | | 506.67 I | |
| | | | | CATEGORY | 34.75 | 0.00 | 506.67 | |

| | | | YSIDE CITYWIDE | | | | 11102 | - 7 | 4 | |
|-----------|----------|---------|------------------------|-------------|-----------|---------|---------------|-----|-----------|--|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | 0 m n n | | HOA HOSPICE A | - | 6 /00 /10 | |
| | | | | SALES REGI: | STER | | BILL WEEK END | ING | 6/22/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS | |
| 198878 | 6/15/12 | 800000 | VISITING NURSE SERVICE | COX, PETRA | 18.75 | | 273.38 | I | | |
| | | | | CATEG | ORY 18.75 | 0.00 | 273.38 | | | |

| | | | YSIDE CITYWIDE | | | | 11101 | - 7 | 5 |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|-----------------------------|------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK END: | TNG | 6/22/12 |
| | | | | | | | DIEL WEEK END. | 1110 | 0/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT 7 | TYP | SURPLUS |
| | | | | | | | | | |
| 198879 | 6/08/12 | 800000 | VISITING NURSE SERVICE | COZZOLINO, MARG | 3.00 | | 43.74 | I | |
| 198880 | 6/15/12 | 800000 | VISITING NURSE SERVICE | COZZOLINO, MARG | 3.00 | | 43.74 | I | |
| 198881 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CROUSE, MARIA | 9.00 | | 131.22 | I | |
| | | | | | | | | | |
| | | | | CUSTOMER | 15.00 | 0.00 | 218.70 | | |
| | | | | | | | | | |
| | | | | | 15.00 | | | | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | | |

| ı | RUN DATE (| 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 76 | |
|---|------------|------------|----------|------------------------|----------------|-------|---------|-------------------------|--------|
| ı | SALES JRNI | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAD NURSING HOME W/O WA | LLS LT |
| ı | | | | S | SALES REGISTER | | | BILL WEEK ENDING 6/22 | /12 |
| ı | | | | | | | | | |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURP | LUS |
| ı | | | | | | | | | |
| ı | 198882 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CRUZ, HECTOR | 29.00 | | 422.82 I | |
| ı | | | | | | | | | |
| ı | | | | | | | | 400 00 | |
| ı | | | | | CATEGORY | 29.00 | 0.00 | 422.82 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 77 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198883 | 6/15/12 | 800000 | VISITING NURSE SERVICE | CRUZ, JUANA | 16.00 | | 233.28 I | |
| | | | | CATEGORY | 16.00 | 0.00 | 233.28 | |

| RUN DATE 06/2 SALES JRNL # | 20/12 - SUP SUNN 0286 LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | | - 78 HOMEW/O WALLS (LT DING 6/22/12 |
|-------------------------------|----------------------------------|---|----------------------------|----------------|---------|------------------|---|
| INVOICE# DA | ATE CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| | 15/12 000008 15/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 23.50 56.00 | | 342.63 816.48 | I I |
| | | | CUSTOMER | 79.50 | 0.00 | 1,159.11 | |
| | | | CATEGORY | 79.50 | 0.00 | 1,159.11 | |

| RUN DATE 06/ SALES JRNL ‡ | /20/12 - SUP SUNN # 0286 LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE LH | CSA | |
|------------------------------|-------------------------------------|--|------------------------------------|---------------|---------|-----------------------|--------------------------|--|
| INVOICE# I | DATE CUST NO | CUSTOMER NAME | A L E S R E G I S T E R REFERENCE | HOURS | TAX AMT | BILL WEEK END AMOUNT | ING 6/22/12 IYP SURPLUS | |
| 198887 6 | /01/12 000008 /15/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | DAVIS, LOUELLEN DAVIS, LOUELLEN | 6.00 42.75 | | 87.48 623.30 | I I | |
| | /01/12 000008 /15/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | DEBAZALAR, ANTO DEJESUS, FELIX | 4.00 20.00 | | 58.32 291.60 | I I | |
| | | | CUSTOMER | 72.75 | 0.00 | 1,060.70 | | |
| | | | CATEGORY | 72.75 | 0.00 | 1,060.70 | | |

| RUN DATE SALES JRN | | | TYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HOMEW BILL WEEK ENDING | 80 N/O WALLS (LT 6/22/12 |
|----------------------------|-------------------------------|----------------------------|--|---|-------------------------|---------|---|--------------------------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198890 198891 198892 | 6/15/12 6/15/12 5/11/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | DEL CARPIO, FEL DELACRUZ, SEFER DELAROSA, CORAL | 24.00 10.50 10.00 | | 349.92 I 153.09 I 145.80 I | |
| | | | | CUSTOMER | 44.50 | 0.00 | 648.81 | |
| | | | | CATEGORY | 44.50 | 0.00 | 648.81 | |

| - | , - , | | YSIDE CITYWIDE | | | | PAGE 1 | | 81 |
|-----------|----------|---------|------------------------|-----------------|--------|---------|---------------|------|---------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LI | | 6 / 0 0 / 1 0 |
| | | | ٤ | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198893 | 6/15/12 | 000008 | VISITING NURSE SERVICE | DELOSSANTOS, MA | 32.50 | | 473.85 | I | |
| 198894 | 6/15/12 | 800000 | VISITING NURSE SERVICE | DELPOZO, MIGUEL | 27.00 | | 393.66 | I | |
| 198895 | 6/15/12 | 800000 | VISITING NURSE SERVICE | DELUCA, ANTIONE | 28.00 | | 408.24 | I | |
| 198896 | 6/15/12 | 800000 | VISITING NURSE SERVICE | DEY, KRISHNA | 3.00 | | 43.74 | I | |
| 198897 | 6/15/12 | 800000 | VISITING NURSE SERVICE | DEZUMARAN, REBE | 44.00 | | 641.53 | I | |
| | | | | CUSTOMER | 134.50 | 0.00 | 1,961.02 | | |
| | | | | CATEGORY | 134.50 | 0.00 | 1,961.02 | | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 82 | |
|-----------|------------|----------|------------------------|----------------|-------|---------|---------------|------------------|--|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAD NURSING H | OME W/O WALLS LT | |
| | | | : | SALES REGISTER | | | BILL WEEK END | ING 6/22/12 | |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT ' | TYP SURPLUS | |
| | | | | | | | | | |
| 198898 | 6/15/12 | 800000 | VISITING NURSE SERVICE | DIAZ, HILDA | 31.50 | | 459.28 | I | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | CATEGORY | 31.50 | 0.00 | 459.28 | | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 83 |
|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | ъ # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198899 | 6/15/12 | 800000 | VISITING NURSE SERVICE | DIAZ, MARIA | 35.00 | | 510.30 I | |
| | | | | CATEGORY | 35.00 | 0.00 | 510.30 | |

| RUN DATE (| 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 84 |
|------------|------------|------------|------------------------|----------------|-------|---------|-----------------|-----------|
| SALES JRNI | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDIN | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 198900 | 4/06/12 | 800000 | VISITING NURSE SERVICE | DIAZ, MARIA | 1.00 | | 14.58 I | |
| | | | | CATEGORY | 1.00 | 0.00 | 14.58 | |

| RUN DATE SALES JRN | , - , | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE L | | 85 |
|-----------------------|---------|------------|-----------------------------------|----------------|--------------|---------|------------------------|-----|---------|
| Brilles orde | 1 0200 | 100 001 | BOWNIBIBE CITIVIBE | _ | ISTER | | BILL WEEK EN | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | E HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198901 | 6/08/12 | 000008 | VISITING NURSE SERV | ICE DIAZ, OLGA | 6.00 | | 87.48 | I | |
| 198902 | 6/15/12 | 800000 | VISITING NURSE SERV | ICE DIAZ, OLGA | 45.00 | | 656.11 | I | |
| 198903 | 6/15/12 | 800000 | VISITING NURSE SERV | ICE DIAZ, ROSA | 42.00 | | 612.36 | I | |
| 198904 | 6/15/12 | 800000 | VISITING NURSE SERV | ICE DILLUVIO, | MATTI 72.00 | | 1,049.76 | I | |
| 198905 | 6/15/12 | 800000 | VISITING NURSE SERV | ICE DOMINGUEZ | , MARI 41.50 | | 605.08 | I | |
| 198906 | 6/01/12 | 000008 | VISITING NURSE SERV | ICE DOMINGUEZ- | -REIN, 4.00 | | 58.32 | I | |
| 198907 | 6/15/12 | 800000 | VISITING NURSE SERV | ICE DOMINGUEZ- | -REIN, 20.00 | | 291.60 | I | |
| | | | | CUST | TOMER 230.50 | 0.00 | 3,360.71 | | |
| | | | | CATE | EGORY 230.50 | 0.00 | 3,360.71 | | |

| RUN DATE 0 SALES JRNL | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 LTC NURSING BILL WEEK EN | HOMEW/ | 36 'O WALLS (LT 6/22/12 |
|--------------------------|--------------------|------------------|---|-----------------------------|----------------|---------|---------------------------------------|--------|-------------------------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | - · · · · | 45.75 33.00 | | 667.04 481.14 | I | |
| | | | | CUSTOMER | 78.75 | 0.00 | 1,148.18 | | |
| | | | | CATEGORY | 78.75 | 0.00 | 1,148.18 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 87 |
|-----------|------------|------------|------------------------|----------------|-------|---------|-------------------|------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CA | RE PROGRAM |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198910 | 6/15/12 | 800000 | VISITING NURSE SERVICE | DUVERGE, MARIA | 12.00 | | 174.96 I | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 88 | |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|-----------|--|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS. | A . | |
| ı | | | | S | SALES REGISTER | | | BILL WEEK ENDIN | G 6/22/12 | |
| ı | | | | | | | | | | |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | SURPLUS | |
| ı | | | | | | | | | | |
| ı | 198911 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ECHEGARAY, MARI | 41.50 | | 605.07 I | | |
| ı | | | | | | | | | | |
| ı | | | | | | | | | | |
| ı | | | | | CATEGORY | 41.50 | 0.00 | 605.07 | | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | DEC NY NY | | | PAGE 1 - ADU ADULT | 89 |
|------------|----------|---------|--------------------------------------|----------------------------|-------|---------|-----------------------|-----------|
| SALES URNI | L # U286 | LOC 001 | | REGNY NY SALES REGISTER | | | BILL WEEK ENDIN | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 198912 | 6/15/12 | 800000 | VISITING NURSE SERVICE | EDELMAN, MILDRE | 15.00 | | 218.70 I | |
| | | | | | 15.00 | | | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 90 | |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|-----------|--|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | A | |
| ı | | | | S | SALES REGISTER | | | BILL WEEK ENDING | G 6/22/12 | |
| ı | | | | | | | | | | |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS | |
| ı | | | | | | | | | | |
| ı | 198913 | 6/15/12 | 800000 | VISITING NURSE SERVICE | EMILIAN, SIRPOO | 4.00 | | 58.32 I | | |
| ı | | | | | | | | | | |
| ı | | | | | | | | | | |
| ı | | | | | CATEGORY | 4.00 | 0.00 | 58.32 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 91 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CARE | PROGRAM |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 5/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198914 | 6/15/12 | 800000 | VISITING NURSE SERVICE | EPSTEIN, GEORGE | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 92 |
|-----------|-----------|------------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRN | NL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | A |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 198915 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ESPEJO, FLORENC | 24.00 | | 349.92 I | |
| | | | | CATEGORY | 24.00 | 0.00 | 349.92 | |

| RUN DATE SALES JRN | | SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 93 |
|-----------------------|---------|----------|-----------------------------------|---------------|-------|---------|-----------------------|---------|
| DALLS OIGN | H 0200 | HOC 001 | | ALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198916 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ESPIN, CESAR | 54.00 | | 787.32 I | |
| | | | | | | | | |
| | | | | CATEGORY | 54.00 | 0.00 | 787.32 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 9 | 4 |
|------------------|--------------------|------------------|---|----------------------------|---------------|---------|--------------------------------------|---------|
| SALES JRN | L # U286 | LOC 001 | | REGNY NY SALES REGISTER | | | VCP CHOICE LHCSA BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198917 198918 | 6/15/12 6/15/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 9.00 21.00 | | 131.22 I 306.18 I | |
| | | | | CUSTOMER | 30.00 | 0.00 | 437.40 | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| | | | YSIDE CITYWIDE | | | | | - 9 | 95 |
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| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | DING | 6 / 2 2 / 1 2 |
| | | | 2 | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198919 | 6/15/12 | 000008 | VISITING NURSE SERVICE | FADEN, ROBIN | 70.00 | | 1,020.60 | I | |
| 198920 | 6/15/12 | 800000 | VISITING NURSE SERVICE | FAMBIATOU, PARA | 6.00 | | 87.48 | I | |
| | | | | CUSTOMER | 76.00 | 0.00 | 1,108.08 | | |
| | | | | CATEGORY | 76.00 | 0.00 | 1,108.08 | | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - : HOA HOSPICE ADULT | 96 |
|------------|---------------------|---------|--------------------------------------|----------------|-------|---------|---------------------------------|---------|
| DALLO OIU | Δ _π 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198921 | 6/15/12 | 800000 | VISITING NURSE SERVICE | FARO, JOSEPH | 21.00 | | 306.18 I | |
| | | | | | | | | |
| | | | | CATEGORY | 21.00 | 0.00 | 306.18 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 9 | 97 |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|-------------------------------|---------|
| SALES JRN | L # 0286 | TOG 001 | | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| INVOICE# | DATE | COSI NO | COSTOMER NAME | REFERENCE | nooks | IAX AMI | AMOUNT TIP | SURPLUS |
| 198922 | 6/15/12 | 800000 | VISITING NURSE SERVICE | FAY, JULIA | 25.00 | | 364.50 I | |
| | | | | | | | | |
| | | | | CATEGORY | 25.00 | 0.00 | 364.50 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 98 |
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| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 21.7020211 | 21112 | 0001 1.0 | 0001011211 111112 | 1121 21131132 | 1100115 | 11111 11111 | 11100111 111 | 2011 202 |
| 198923 | 6/15/12 | 800000 | VISITING NURSE SERVICE | FERMIN, ORQUIDI | 48.00 | | 699.84 I | |
| | | | | | | | | |
| | | | | CATEGORY | 48.00 | 0.00 | 699.84 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 99 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE C | ARE PROGRAM |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198924 | 6/15/12 | 000008 | VISITING NURSE SERVICE | FERNANDEZ, JORG | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 100 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | i | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198925 | 6/15/12 | 800000 | VISITING NURSE SERVICE | FERREIRO, JOSEP | 18.00 | | 262.44 I | |
| | | | | CATEGORY | 18.00 | 0.00 | 262.44 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 10 | 1 |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CAR | E PROGRAM |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198926 | 6/15/12 | 800000 | VISITING NURSE SERVICE | FERRER, MARIE | 12.00 | | 174.96 I | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING | |
|-----------------------|--------------------|------------------|--|-----------------------------|---------------|---------|---|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198927 198928 | 5/18/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | • | 6.00 52.50 | | 87.48 I 765.45 I | |
| | | | | CUSTOMER | 58.50 | 0.00 | 852.93 | |
| | | | | CATEGORY | 58.50 | 0.00 | 852.93 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 10 | 3 |
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| SALES JRN | NL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CAR | E PROGRAM |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198929 | 6/15/12 | 800000 | VISITING NURSE SERVICE | FLEITMAN, KLARA | 6.00 | | 87.48 I | |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REGNY NY SALES REGISTER | | | PAGE 1 - 10 VCP CHOICE LHCSA BILL WEEK ENDING | 6/22/12 |
|----------------------------|-------------------------------|----------------------------|--|---|------------------------|---------|---|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198930 198931 198932 | 6/15/12 6/15/12 6/15/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | FOLLETTO, ROSIN FONG, ALEFINA FONTEBOA, GUILL | 34.00 7.75 36.50 | | 495.72 I 113.00 I 532.17 I | |
| | | | | CUSTOMER | 78.25 | 0.00 | 1,140.89 | |
| | | | | CATEGORY | 78.25 | 0.00 | 1,140.89 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 105 | |
|-----------|------------|----------|------------------------|----------------|----------|---------|---------------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/O | WALLS (LT |
| | | | Ş | SALES REGISTER | | | BILL WEEK ENDING 6 | /22/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP ST | URPLUS |
| 100000 | 6 /15 /10 | 000000 | | | F.C. 0.0 | | 016 40 - | |
| 198933 | 6/15/12 | 000008 | VISITING NURSE SERVICE | FRED, EULALIA | 56.00 | | 816.48 I | |
| | | | | | | | | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | F | PAGE 1 - | 106 |
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| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | Λ | CP CHOICE LHCSA | |
| | | | S | SALES REGISTER | | E | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198934 | 6/15/12 | 800000 | VISITING NURSE SERVICE | FREDERICK, AMEL | 28.00 | | 408.24 I | |
| | | | | | | | | |
| | | | | CATEGORY | 28.00 | 0.00 | 408.24 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 107 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------|-------------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | | HOMEW/O WALLS (LT |
| | | | : | SALES REGISTER | | | BILL WEEK EN | DING 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 198935 | 6/15/12 | 000008 | VISITING NURSE SERVICE | FREIJOSO, ROSA | 38.00 | | 554.04 | I |
| 198936 | 6/15/12 | 800000 | VISITING NURSE SERVICE | FUNES, GEORGINA | 35.00 | | 510.30 | I |
| | | | | CUSTOMER | 73.00 | 0.00 | 1,064.34 | |
| | | | | | | | | |
| | | | | CATEGORY | 73.00 | 0.00 | 1,064.34 | |

| RUN DATE 06 SALES JRNL | | SUP SUNNY LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E | | | | PAGE 1 VCP CHOICE LH BILL WEEK END | CSA |
|---------------------------|------------------------|----------------------|---|--|---------------------------------|---------|--------------------------------------|-------------|
| INVOICE# | DATE C | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | | TYP SURPLUS |
| 198938 6 198939 6 | 5/15/12 0 5/15/12 0 | | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | GAID, ASILA GALARZA, JOSE GALLARDO, ZOILA GALLINA, VIRGIN | 30.00 41.00 42.25 9.00 | | 437.40 597.78 616.01 131.22 | I I I |
| | | | | CUSTOMER | 122.25 | 0.00 | 1,782.41 | |
| | | | | CATEGORY | 122.25 | 0.00 | 1,782.41 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 10 |)9 |
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| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING | HOMEW/ | O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198941 | 6/15/12 | 000008 | VISITING NURSE SERVICE | GALLO, BENJAMIN | 40.00 | | 583.20 | I | |
| 198942 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GARAY, ANGELES | 12.00 | | 174.96 | I | |
| | | | | | | | | | |
| | | | | CUSTOMER | 52.00 | 0.00 | 758.16 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 52.00 | 0.00 | 758.16 | | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S # | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - 110 ADU ADULT BILL WEEK ENDING 6/22/12 |
|----------|---------|---------|---|--------------------------------------|-------|---------|---|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS |
| 198943 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GARCIA, CONCEPC | 43.00 | | 626.94 I |
| | | | | CATEGORY | 43.00 | 0.00 | 626.94 |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 11 | .1 |
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| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | HOA HOSPICE ADULT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198944 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GARCIA, JESUS | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | | |

| RUN DATE (| 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | - 112 |
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| SALES JRNI | և # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HO | OMEW/O WALLS (LT |
| | | | i | SALES REGISTER | | | BILL WEEK END | ING 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT : | TYP SURPLUS |
| 198945 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GARCIA, OLGA | 30.00 | | 437.40 | I |
| 198946 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GEBHARDT, DOROT | 38.00 | | 554.04 | I |
| | | | | CUSTOMER | 68.00 | 0.00 | 991.44 | |
| | | | | | | | | |
| | | | | CATEGORY | 68.00 | 0.00 | 991.44 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 11 | .3 |
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| SALES JRN | IL # 0286 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | C 100 110 |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198947 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GEORGE, MERCEDE | 50.00 | | 729.00 I | |
| | | | | | | | | |
| | | | | CATEGORY | 50.00 | 0.00 | 729.00 | |

| RUN DATE (SALES JRNI | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | AUR ADULT REHAB | - |
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| T1770 T GT | | G11GE 110 | _ | SALES REGISTER | | | BILL WEEK ENDIN | , , |
| INVOICE# | DATE | | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | |
| 198948 | 6/15/12 | 000008 | VISITING NURSE SERVICE | GILBERT, LILIAN | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 115 | |
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| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/O WALLS (LT | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING 6/22/12 | |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| | | | | | | | | |
| 198949 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GIORGIO, WILLIA | 47.75 | | 696.21 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 47.75 | 0.00 | 696.21 | |

| | | | YSIDE CITYWIDE | | | | | - 11 | 16 |
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| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | | C 100 110 |
| | | | i | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198950 | 6/15/12 | 000008 | VISITING NURSE SERVICE | GOLIGHTLY, OZEL | 56.00 | | 816.48 | I | |
| 198951 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GOMEZ, JOSEFINA | 25.00 | | 364.50 | I | |
| | | | | CUSTOMER | 81.00 | 0.00 | 1,180.98 | | |
| | | | | | | | , | | |
| | | | | CATEGORY | 81.00 | 0.00 | 1,180.98 | | |
| | | | | CAILGORI | 01.00 | 0.00 | 1,100.90 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | | REG NY NY SALES REGISTER | | | PAGE 1 LTC NURSING : BILL WEEK EN | | |
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| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198952 198953 | 6/15/12 6/15/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | GOMEZ, ROSANA GOMEZ, VICTORIA | 27.75 33.00 | | 404.60 481.14 | I | |
| | | | | CUSTOMER | 60.75 | 0.00 | 885.74 | | |
| | | | | CATEGORY | 60.75 | 0.00 | 885.74 | | |

| | 06/20/12 - L # 0286 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCSA | |
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| | - " | | | ALES REGISTER | | | BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198954 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GONGORA, MARUJA | 8.00 | | 116.64 I | |
| | | | | | | | | |
| | | | | CATEGORY | 8.00 | 0.00 | 116.64 | |

| RUN DATE 06 SALES JRNL | | NYSIDE CITYWIDE L SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 ADU ADULT | - 11 | .9 |
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| SILLED GIAVE | 0200 | | ALES REGISTER | | | BILL WEEK ENI | DING | 6/22/12 |
| INVOICE# | DATE CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| | 5/15/12 000008 | VISITING NURSE SERVICE | GONZALEZ, CARLO | 9.00 | | 131.22 | I | |
| | 5/15/12 000008 5/15/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | GONZALEZ, DOLOR GONZALEZ, ELBA | 30.00 41.75 | | 437.40 608.72 | I T | |
| | 000000 | VIBITING NONEE BERVIES | , | | | | | |
| | | | CUSTOMER | 80.75 | 0.00 | 1,177.34 | | |
| | | | CATEGORY | 80.75 | 0.00 | 1,177.34 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 12 | 20 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------|--------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING | HOMEW/ | O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198958 | 6/15/12 | 000008 | VISITING NURSE SERVICE | GONZALEZ, ELSA | 30.00 | | 437.40 | I | |
| 198959 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GOVERDOVSKIY, N | 18.00 | | 262.44 | I | |
| | | | | CUSTOMER | 48.00 | 0.00 | 699.84 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 48.00 | 0.00 | 699.84 | | |

| | | | YSIDE CITYWIDE | | | | - | .21 |
|-----------|-----------|---------|------------------------|----------------|-------|---------|------------------|---------------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | 6 / 0 0 / 1 0 |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198960 | 6/15/12 | 000008 | VISITING NURSE SERVICE | GOYES, ELBA | 27.00 | | 393.66 I | |
| 198961 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GRAVER, EDNA | 40.00 | | 583.20 I | |
| | | | | CUSTOMER | 67.00 | 0.00 | 976.86 | |
| | | | | | | | | |
| | | | | CATEGORY | 67.00 | 0.00 | 976.86 | |

| | | | YSIDE CITYWIDE | DEG NV NV | | | - | 22 | |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|-------------------------------|---------|--|
| SALES JRN | L # U286 | TOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING | 6/22/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| 198962 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GREENBAUM, MASA | 8.00 | | 116.64 I | | |
| | | | | CATEGORY | 8.00 | 0.00 | 116.64 | | |

| RUN DATE | 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 123 |
|-----------|----------|------------|------------------------|-----------------|-------|---------|---------------|------------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAA LOMBARDI | AIDS ADULT POPUL |
| | | | : | SALES REGISTER | | | BILL WEEK END | OING 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 198963 | 5/18/12 | 000008 | VISITING NURSE SERVICE | GRESSINE, ARNOL | 14.00 | | 204.12 | I |
| 198964 | 5/25/12 | 800000 | VISITING NURSE SERVICE | GRESSINE, ARNOL | 7.00 | | 102.06 | I |
| 198965 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GRESSINE, ARNOL | 42.00 | | 612.36 | I |
| | | | | | | | 010 54 | |
| | | | | CUSTOMER | 63.00 | 0.00 | 918.54 | |
| | | | | | | | | |
| | | | | CATEGORY | 63.00 | 0.00 | 918.54 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | - 12 | 4 |
|-----------|----------|---------|------------------------|----------------|--------|---------|---------------|------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LH | | |
| | | | | SALES REGISTER | | | BILL WEEK END | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198966 | 6/08/12 | 000008 | VISITING NURSE SERVICE | GUEVARA, ELENA | 72.00 | | 1,049.76 | I | |
| 198967 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GUEVARA, ELENA | 72.00 | | 1,049.76 | I | |
| | | | | CUSTOMER | 144.00 | 0.00 | 2,099.52 | | |
| | | | | CATEGORY | 144.00 | 0.00 | 2,099.52 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 ADU ADULT | - 12 | 25 |
|-----------------------|--------------------|-----------------------|--|----------------|---------------|---------|---------------------|--------|---------|
| | | | | SALES REGISTER | | | BILL WEEK END | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198968 198969 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , - | 8.75 83.25 | | 127.58 1,213.80 | I T | |
| 150505 | 0/15/12 | 000000 | VIDITING NONDE BERVICE | , | | | | | |
| | | | | CUSTOMER | 92.00 | 0.00 | 1,341.38 | | |
| | | | | CATEGORY | 92.00 | 0.00 | 1,341.38 | | |

| RUN DATE SALES JRN | | | | REG NY NY LES REGISTER | | | PAGE 1 - LTC NURSING HOM BILL WEEK ENDIN | EW/O WALLS (LT |
|-----------------------|---------|---------|------------------------|---------------------------|-------|---------|--|----------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 198970 | 6/15/12 | 800000 | VISITING NURSE SERVICE | GUTIERREZ, JOSE | 36.00 | | 524.88 I | |
| | | | | CATEGORY | 36.00 | 0.00 | 524.88 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | - 127 |
|-----------|----------|---------|------------------------|-----------------|-------|---------|---------------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LH | |
| | | | : | SALES REGISTER | | | BILL WEEK END | ING 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 198971 | 5/18/12 | 000008 | VISITING NURSE SERVICE | HENAO, VICTORIA | 4.00 | | 58.32 | I |
| 198972 | 6/15/12 | 800000 | VISITING NURSE SERVICE | HENAO, VICTORIA | 16.00 | | 233.28 | I |
| 198973 | 6/15/12 | 800000 | VISITING NURSE SERVICE | HENDY, BERNICE | 25.00 | | 364.50 | I |
| | | | | | | | | |
| | | | | CUSTOMER | 45.00 | 0.00 | 656.10 | |
| | | | | | | | | |
| | | | | CATEGORY | 45.00 | 0.00 | 656.10 | |

| RUN DATE SALES JRN | | SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REGNY NY SALES REGISTER | | | PAGE 1 ADU ADULT BILL WEEK EN | - 12 DING | 8 6/22/12 |
|-----------------------|--------------------|---------------------|---|------------------------------------|-------|---------|-------------------------------------|--------------|-----------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198974 198975 | 6/15/12 6/15/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | HENRIQUEZ, MARI HERNANDEZ, MARI | 40.00 | | 583.20 291.60 | I I | |
| | | | | CUSTOMER | 60.00 | 0.00 | 874.80 | | |
| | | | | CATEGORY | 60.00 | 0.00 | 874.80 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 129 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198976 | 6/15/12 | 800000 | VISITING NURSE SERVICE | HERNANDEZ, MERC | 30.00 | | 437.40 I | |
| | | | | | | | | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE 06/20/1 SALES JRNL # 028 | | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 LTC NURSING F BILL WEEK ENI | HOMEW/O WALLS (LT |
|---|----------|--|---|-------------------------|---------|--|-------------------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 198977 6/15/1 198978 6/15/1 198979 6/15/1 | 2 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | HERRERA, ANGELA HERRERA, HORACI HUNGRIA, SABINA | 32.50 17.25 40.00 | | 473.85 251.51 583.20 | I I I |
| | | | CUSTOMER | 89.75 | 0.00 | 1,308.56 | |
| | | | CATEGORY | 89.75 | 0.00 | 1,308.56 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 131 | |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------------|-----|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING 6/22, | /12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURP | LUS |
| 198980 | 6/15/12 | 800000 | VISITING NURSE SERVICE | IBASCO, SOFIA | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 132 ADU ADULT | |
|------------|---------|---------|--------------------------------------|-----------------|-------|---------|---------------------------|-----|
| | | | S | SALES REGISTER | | | BILL WEEK ENDING 6/22 | /12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURP | LUS |
| 198981 | 6/15/12 | 000008 | VISITING NURSE SERVICE | ICIANO, ALFREDO | 8.00 | | 116.64 I | |
| | | | | CATEGORY | 8.00 | 0.00 | 116.64 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 133 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------------|------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAD NURSING HOME W/ | O WALLS LT |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198982 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ICIANO, ALFREDO | 5.00 | | 72.90 I | |
| | | | | CATEGORY | 5.00 | 0.00 | 72.90 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | |
|-----------|----------|---------|------------------------|-----------------|-------|---------|-----------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAA LOMBARDI AI | |
| | | | S | ALES REGISTER | | | BILL WEEK ENDIN | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 198983 | 6/15/12 | 000008 | VISITING NURSE SERVICE | INOSTROZA, RAPH | 38.00 | | 554.04 I | |
| | | | | | | | | |
| | | | | CATEGORY | 38.00 | 0.00 | 554.04 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 ADU ADULT | - 13 | 55 |
|-----------------------|--------------------|------------------|---|----------------|----------------|---------|---------------------|------|---------|
| | .2 0200 | 200 001 | | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 198984 198985 | 6/08/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 28.00 48.75 | | 408.24 710.78 | I | |
| 150505 | 0/13/12 | 000000 | VISITING NORSE SERVICE | · | 76.75 | | | | |
| | | | | CUSTOMER | 70.75 | 0.00 | 1,119.02 | | |
| | | | | CATEGORY | 76.75 | 0.00 | 1,119.02 | | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 136 | |
|-----------|------------|----------|------------------------|-----------------|-------|---------|---------------------|--------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING 6/ | 22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SU | JRPLUS |
| 198986 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ISKENDERIAN, KA | 30.00 | | 437.40 I | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 137 | |
|-----------|------------|----------|------------------------|-----------------|-------|---------|---------------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/O | WALLS (LT |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198987 | 6/15/12 | 800000 | VISITING NURSE SERVICE | JAKLITSCH, ELIZ | 46.00 | | 670.68 I | |
| | | | | CATEGORY | 46.00 | 0.00 | 670.68 | |

| RUN DATE | RUN DATE 06/20/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 138 | | | | | | | | | | | |
|-----------|---|---------|------------------------|-----------------|--------|---------|--------------|------|---------|--|--|--|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | HCSA | | | | |
| | | | | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS | | | |
| 198988 | 6/15/12 | 000008 | VISITING NURSE SERVICE | JARA DEURUCHIM, | 10.00 | | 145.80 | I | | | | |
| 198989 | 6/15/12 | 800000 | VISITING NURSE SERVICE | JARAMILLO PAL, | 12.00 | | 174.96 | I | | | | |
| 198990 | 6/15/12 | 800000 | VISITING NURSE SERVICE | JEWAT, LUCILLE | 73.75 | | 1,075.28 | I | | | | |
| 198991 | 6/15/12 | 800000 | VISITING NURSE SERVICE | JHAVERI, RAMESH | 24.00 | | 349.92 | I | | | | |
| | | | | CUSTOMER | 119.75 | 0.00 | 1,745.96 | | | | | |
| | | | | CATEGORY | 119.75 | 0.00 | 1,745.96 | | | | | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 1 HOA HOSPICE ADULT | |
|-----------------------|---------|---------|-----------------------------------|-----------------|-------|---------|---------------------------------|---------|
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198992 | 6/15/12 | 800000 | VISITING NURSE SERVICE | JIANNARAS, ANNA | 70.00 | | 1,020.60 I | |
| | | | | CATEGORY | 70.00 | 0.00 | 1,020.60 | |

| RUN DAT | E 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 140 |
|----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES J | RNL # 0286 | LOC 001 | | REG NY NY | | | LTC NURSING HOME | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE: | # DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| INVOICE. | † DAIE | COSI NO | COSTOMER NAME | KEFEKENCE | HOURS | IAA AMI | AMOUNT TIP | SURPLUS |
| 198993 | 6/15/12 | 000008 | VISITING NURSE SERVICE | JIMENEZ, ALTAGR | 27.00 | | 393.66 I | |
| | -,, | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 27.00 | 0.00 | 393.66 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCSA | |
|------------|----------|---------|--------------------------------------|----------------|-------|---------|------------------------------|---------|
| SALES OWN | L # 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 198994 | 6/15/12 | 800000 | VISITING NURSE SERVICE | JIMENEZ, BETTY | 15.00 | | 218.70 I | |
| | | | | | | | | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 142 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-----------------|------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | S | ALES REGISTER | | | BILL WEEK ENDIN | NG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 198995 | 6/01/12 | 000008 | VISITING NURSE SERVICE | JOHNSON, DOROTH | 8.00 | | 116.64 | I |
| 198996 | 6/01/12 | 800000 | VISITING NURSE SERVICE | JOHNSON, DOROTH | 4.00 | | 58.32 | <u> </u> |
| 198997 | 6/08/12 | 000008 | VISITING NURSE SERVICE | JOHNSON, DOROTH | 12.00 | | 174.96 | [|
| 198998 | 6/15/12 | 800000 | VISITING NURSE SERVICE | JOHNSON, DOROTH | 20.00 | | 291.60 | I |
| | | | | CUSTOMER | 44.00 | 0.00 | 641.52 | |
| | | | | CATEGORY | 44.00 | 0.00 | 641.52 | |

| RUN DATE 06/20/12 SALES JRNL # 0286 | | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 143 LTC NURSING HOMEW/O WA BILL WEEK ENDING 6/2 | LLS (LT 2/12 |
|--|---------|---|-----------------------------|----------------|---------|--|-----------------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SUR | PLUS |
| 198999 6/15/12 199000 6/15/12 | | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 24.25 38.75 | | 353.57 I 564.98 I | |
| | | | CUSTOMER | 63.00 | 0.00 | 918.55 | |
| | | | CATEGORY | 63.00 | 0.00 | 918.55 | |

| RUN DATE 06/2 SALES JRNL # | | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY SALES REGISTER | | | PAGE 1 VCP CHOICE L BILL WEEK EN | | 6/22/12 |
|-------------------------------|---|--|---|-------------------------|---------|--|-------------|---------|
| INVOICE# DA | TE CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199002 6/1 | 5/12 000008 5/12 000008 5/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | KAUR, SARD KAUR, SHARAN KEARNEY, LORRAI | 12.00 49.25 11.75 | | 174.96 718.07 171.32 | I I I | |
| | | | CUSTOMER | 73.00 | 0.00 | 1,064.35 | | |
| | | | CATEGORY | 73.00 | 0.00 | 1,064.35 | | |

| RUN DATE | 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | _45 |
|-----------|----------|------------|------------------------|----------------|-------|---------|-------------------|---------|
| SALES JRN | ъ # 0286 | LOC 001 | | REG NY NY | | | HOA HOSPICE ADULT | |
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199004 | 6/15/12 | 800000 | VISITING NURSE SERVICE | KHAN, MARGARET | 16.00 | | 233.28 I | |
| | | | | CATEGORY | 16.00 | 0.00 | 233.28 | |

| | | | YSIDE CITYWIDE | | | | | - 14 | 16 |
|-----------|-----------|---------|------------------------|-----------------|-------|---------|--------------|------|-----------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | | 6 (00 (10 |
| | | | | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199005 | 6/15/12 | 000008 | VISITING NURSE SERVICE | KILIMLIAN, PEPR | 32.00 | | 466.56 | I | |
| 199006 | 6/15/12 | 800000 | VISITING NURSE SERVICE | KOUTROUBAS, THE | 56.00 | | 816.48 | I | |
| | | | | CUSTOMER | 88.00 | 0.00 | 1,283.04 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 88.00 | 0.00 | 1,283.04 | | |

| | | | YSIDE CITYWIDE | DEC NV NV | | | PAGE 1 - 147 | |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|---------------------------------|--------|
| SALES JRN | L # U∠86 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING 6 | /22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP S | URPLUS |
| 199007 | 6/15/12 | 800000 | VISITING NURSE SERVICE | LANDAU, BERNARD | 9.00 | | 131.22 I | |
| | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 148 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-----------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | A |
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDIN | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 199008 | 6/15/12 | 800000 | VISITING NURSE SERVICE | LARA-MORA, BELE | 55.75 | | 812.84 I | |
| | | | | CATEGORY | 55.75 | 0.00 | 812.84 | |

| | 06/20/12 - NL # 0286 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 1 ADU ADULT | L49 |
|-----------|-------------------------|---------|-----------------------------------|----------------|-------|---------|-------------------------|---------|
| 011220 01 | u 0200 | 200 001 | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199009 | 6/15/12 | 800000 | VISITING NURSE SERVICE | LASAK, MICHAEL | 9.00 | | 131.22 I | |
| | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| RUN DATE 06/20 SALES JRNL # 0 | | | REG NY NY | | | LTC NURSING | | O WALLS (LT |
|----------------------------------|----------------------------|---|----------------|----------------|---------|------------------|--------|-------------|
| | | \$ | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# DAT | TE CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199010 6/15 199011 6/15 | 5/12 000008 5/12 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | • | 20.00 16.00 | | 291.60 233.28 | I I | |
| | | | CUSTOMER | 36.00 | 0.00 | 524.88 | | |
| | | | CATEGORY | 36.00 | 0.00 | 524.88 | | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | | PAGE 1 | - 15 | 51 |
|-----------|------------|----------|-------------------------|---------|------------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | | NY | | | ADU ADULT | | |
| | | | | SALES R | EGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| | | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFE | RENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 100010 | C/1F/10 | 00000 | VICTORING NUDGE GEDVICE | T EOM | EDEL MID A | 20.00 | | 201 60 | _ | |
| 199012 | 6/15/12 | 000008 | VISITING NURSE SERVICE | L LEON, | EDELMIRA | 20.00 | | 291.60 | Τ | |
| | | | | | | | | | | |
| | | | | | CATEGORY | 20.00 | 0.00 | 291.60 | | |
| | | | | | CATEGORI | 20.00 | 0.00 | 271.00 | | |

| RUN DATE | 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 15 | 2 |
|-----------|-----------|------------|------------------------|-----------------|--------|---------|---------------|------|---------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LF | ICSA | |
| | | | S | SALES REGISTER | 1 | | BILL WEEK ENI | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199013 | 6/15/12 | 000008 | VISITING NURSE SERVICE | LEWIS, CATHERIN | 56.00 | | 816.48 | I | |
| 199014 | 6/15/12 | 800000 | VISITING NURSE SERVICE | LIRIANO, FRANCI | 67.25 | | 980.51 | I | |
| 199015 | 6/15/12 | 800000 | VISITING NURSE SERVICE | LITSAS, MARTHA | 20.00 | | 291.60 | I | |
| | | | | CHOMOMED | 142 05 | 0.00 | 2 000 50 | | |
| | | | | CUSTOMER | 143.25 | 0.00 | 2,088.59 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 143.25 | 0.00 | 2,088.59 | | |

| | DATE 06/20/1 S JRNL # 028 | | IYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 15 ADU ADULT | 53 |
|------|------------------------------|----------|---------------------------------------|-----------------|-------|---------|--------------------------|---------|
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVO | OICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 1990 | 16 6/15/1 | 2 000008 | VISITING NURSE SERVICE | LLANES, ELEAZER | 6.50 | | 94.77 I | |
| | | | | CATEGORY | 6.50 | 0.00 | 94.77 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 154 |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|--------------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAD NURSING HOME | W/O WALLS LT |
| ı | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| ı | | | | | | | | | |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| ı | | | | | | | | | |
| ı | 199017 | 6/15/12 | 000008 | VISITING NURSE SERVICE | LLANES, ELEAZER | 23.50 | | 342.63 I | |
| ı | | | | | | | | | |
| ı | | | | | | | | | |
| ı | | | | | CATEGORY | 23.50 | 0.00 | 342.63 | |

| RUN DATE 06/20/ SALES JRNL # 02 | | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 LTC NURSING BILL WEEK EN | | |
|------------------------------------|---------|---|-----------------------------|----------------|---------|---------------------------------------|-----|---------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199018 6/15/ 199019 6/15/ | | VISITING NURSE SERVICE VISITING NURSE SERVICE | · | 48.00 42.00 | | 699.84 612.36 | I | |
| | | | CUSTOMER | 90.00 | 0.00 | 1,312.20 | | |
| | | | CATEGORY | 90.00 | 0.00 | 1,312.20 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 156 | |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199020 | 6/15/12 | 800000 | VISITING NURSE SERVICE | LONDONO, AMIRA | 69.75 | | 1,016.96 I | |
| | | | | CATEGORY | 69.75 | 0.00 | 1,016.96 | |

| RUN DATE 06/20/12 SALES JRNL # 0286 | | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTEF | 2 | | PAGE 1 LTC NURSING 1 BILL WEEK EN | | |
|--|---------|--|-----------------------------|---------------|---------|---|--------|---------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199021 6/01/12 199022 6/15/12 | | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 6.00 42.00 | | 87.48 612.36 | I I | |
| | | | CUSTOMER | 48.00 | 0.00 | 699.84 | | |
| | | | CATEGORY | 48.00 | 0.00 | 699.84 | | |

| | | | YSIDE CITYWIDE | DEC NV NV | | | | 158 |
|------------------|--------------------|------------------|---|-----------------------------|----------------|---------|--------------------------------------|---------|
| SALES JRN | IL # U286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | VCP CHOICE LHCSA BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199023 199024 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 35.00 12.00 | | 510.30 I 174.96 I | |
| | | | | CUSTOMER | 47.00 | 0.00 | 685.26 | |
| | | | | CATEGORY | 47.00 | 0.00 | | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 15 | 9 |
|-----------|------------|----------|------------------------|---------------|-------|---------|--------------------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/ | O WALLS (LT |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199025 | 6/15/12 | 800000 | VISITING NURSE SERVICE | LOPEZ, MARIA | 42.00 | | 612.36 I | |
| | | | | CATEGORY | 42.00 | 0.00 | 612.36 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 ADU ADULT | - 16 | 0 |
|-----------------------|--------------------|-----------------------|---|----------------|---------------|---------|---------------------|------|---------|
| | | | 2 | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199026 199027 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 70.00 6.00 | | 1,020.60 87.48 | I | |
| 199027 | 0/13/12 | 000000 | VISITING NURSE SERVICE | LOZADA, LAUKA | | | | | |
| | | | | CUSTOMER | 76.00 | 0.00 | 1,108.08 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 76.00 | 0.00 | 1,108.08 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 161 |
|-----------|------------|------------|------------------------|----------------|-------|---------|----------------|--------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE | CARE PROGRAM |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDI | NG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 199028 | 6/15/12 | 000008 | VISITING NURSE SERVICE | LUCES, LETICIA | 19.75 | | 287.96 | I |
| 199029 | 6/15/12 | 800000 | VISITING NURSE SERVICE | LYMN, ANGIE | 14.50 | | 211.41 | I |
| | | | | CUSTOMER | 34.25 | 0.00 | 499.37 | |
| | | | | | | | | |
| | | | | CATEGORY | 34.25 | 0.00 | 499.37 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | | REGNY NY BALES REGISTER | | | PAGE 1 - 1 ADU ADULT BILL WEEK ENDING | 62 6/22/12 |
|-----------------------|---------|-----------------------|------------------------|----------------------------|-------|---------|---|------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199030 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MACCHIA, CATHY | 41.00 | | 597.78 I | |
| | | | | CATEGORY | 41.00 | 0.00 | 597.78 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - | - 163 | |
|------------|----------|---------|--------------------------------------|-----------------|-------|---------|---------------|-------|---------|
| SALES OWN | L # 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK END | _ | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199031 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MADDALENA, CECE | 6.00 | | 87.48 | I | |
| | | | | | | | | | |
| | | | | CATEGORY | 6.00 | 0.00 | 87.48 | | |

| RUN | N DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 164 |
|-----|---------|------------|------------|------------------------|-----------------|-------|---------|-------------------|-------------|
| SAI | LES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CA | ARE PROGRAM |
| | | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INV | VOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199 | 9032 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MAGILLIGAN, LOR | 37.00 | | 539.46 I | |
| | | | | | | | | | |
| | | | | | CATEGORY | 37.00 | 0.00 | 539.46 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE L | - 16 | 55 |
|-----------------------|--------------------|------------------|---|----------------|---------------|---------|------------------------|------|---------|
| | _ | | | SALES REGISTER | | | BILL WEEK EN | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199033 | 6/15/12 | 800000 | VISITING NURSE SERVICE | - , | 84.50 | | 1,232.01 | I | |
| 199034 199035 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | - , | 20.00 7.00 | | 1,224.72 | I | |
| | | | | CUSTOMER | 111.50 | 0.00 | 2,748.33 | | |
| | | | | CATEGORY | 111.50 | 0.00 | 2,748.33 | | |

| RUN DATE 06/20/1 SALES JRNL # 028 | | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 LTC NURSING E BILL WEEK END | | WALLS (LT /22/12 |
|--------------------------------------|---------|--|-----------------------------|----------------|---------|--|--------|---------------------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP ST | URPLUS |
| 199036 6/15/1 199037 6/15/1 | | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 11.25 29.50 | | 164.03 430.11 | I | |
| | | | CUSTOMER | 40.75 | 0.00 | 594.14 | | |
| | | | CATEGORY | 40.75 | 0.00 | 594.14 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 CCL CONGREGAT | - 16 | |
|-----------------------|--------------------|-----------------------|---|----------------|----------------|---------|-------------------------|--------|---------|
| SALES UKN | H 0200 | LOC 001 | | SALES REGISTER | | | BILL WEEK ENI | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199038 199039 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 15.00 24.00 | | 218.70 349.92 | I I | |
| | | | | CUSTOMER | 39.00 | 0.00 | 568.62 | | |
| | | | | CATEGORY | 39.00 | 0.00 | 568.62 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 16 | 8 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------------|---------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | AMH ADULT MENTAL H | IEALTH |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199040 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MARKHAM, RUDOLP | 3.00 | | 43.74 I | |
| | | | | CATEGORY | 3.00 | 0.00 | 43.74 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE LE | - 16 | 59 |
|-----------------------|--------------------|-----------------------|---|-------------------------------|----------------|---------|-------------------------|--------|---------|
| Bridde Grav | 12 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK END | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199041 199042 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | MARKS, ANN MARMOL ESPINAL, | 56.00 25.00 | | 816.48 364.50 | I I | |
| | | | | CUSTOMER | 81.00 | 0.00 | 1,180.98 | | |
| | | | | CATEGORY | 81.00 | 0.00 | 1,180.98 | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 17 | - |
|-----------|---------------|---------|------------------------|----------------|-------|---------|--------------------|---------|
| SALES JRN | ı∟ # 0286 | LOC 001 | | REG NY NY | | | LTC NURSING HOMEW/ | , |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 100040 | C / 1 E / 1 O | | | | 40.00 | | 505.04 | |
| 199043 | 6/15/12 | 000008 | VISITING NURSE SERVICE | MARMOL, LIDIA | 43.00 | | 626.94 I | |
| | | | | | | | | |
| | | | | CATEGORY | 43.00 | 0.00 | 626.94 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - : | 171 |
|-----------|-----------|---------|------------------------|-----------------|-------|---------|------------------|-----------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | c /00 /10 |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199044 | 6/15/12 | 000008 | VISITING NURSE SERVICE | MARTE, JOSE | 7.25 | | 105.71 I | |
| 199045 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MARTIN, ELAUCAD | 15.00 | | 218.70 I | |
| | | | | CUSTOMER | 22.25 | 0.00 | 324.41 | |
| | | | | | | | | |
| | | | | CATEGORY | 22.25 | 0.00 | 324.41 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - 172 ADU ADULT BILL WEEK ENDING 6/22/12 |
|----------|---------|---------|---|--------------------------------------|-------|---------|---|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS |
| 199046 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MARTINEZ OSORI, | 30.00 | | 437.40 I |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 17 | 73 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0286 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199047 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MARTINEZ, CAMIL | 12.00 | | 174.96 I | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 174 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-----------------------|--------|
| SALES JRN | ъ # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CARE P | ROGRAM |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING 6/ | 22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SU | RPLUS |
| 199048 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MARTINEZ, ELENA | 70.00 | | 1,020.60 I | |
| | | | | CATEGORY | 70.00 | 0.00 | 1,020.60 | |

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|-----------|----------|---------|------------------------|-----------------------------|-------|---------|-------------------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING | 6/22/12 |
| | | | ' | SALES REGISIER | | | BILL WEEK ENDING | 0/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199049 | 6/15/12 | 000008 | VISITING NURSE SERVICE | MARTINEZ, FEDOR | 29.00 | | 422.82 I | |
| | | | | | | | | |
| | | | | CATEGORY | 29.00 | 0.00 | 422.82 | |

| RUN DATE (| | SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY SALES REGISTER | | | PAGE 1 VCP CHOICE L BILL WEEK EN | | 6/22/12 |
|--------------------------------------|--|----------------------------|--|---|----------------------------------|---------|--|-------------|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199050 199051 199052 199053 | 6/08/12 6/15/12 6/15/12 6/15/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | MARTINEZ, MARGA MARTINEZ, MARGA MARTINEZ, MARTA MARTINEZ, ROSA | 12.00 24.00 29.50 84.00 | | 174.96 349.92 430.11 1,224.72 | I I I | |
| | | | | CUSTOMER | 149.50 | 0.00 | 2,179.71 | | |
| | | | | CATEGORY | 149.50 | 0.00 | 2,179.71 | | |

| | 06/20/12 - JL # 0286 | | | REGNY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HOME BILL WEEK ENDING | EW/O WALLS (LT |
|----------|-------------------------|---------|------------------------|----------------------------|-------|---------|--|----------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 199054 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MARTINEZ, ROSAL | 38.00 | | 554.04 I | |
| | | | | CATEGORY | 38.00 | 0.00 | 554.04 | |

| RUN DATE (| 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 178 | 8 |
|------------|-------------|----------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRNI | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 100055 | C /1 F /1 O | 00000 | THE THING MIDE CEDITOR | MARIOG DOGA | 46.00 | | 670 60 + | |
| 199055 | 6/15/12 | 000008 | VISITING NURSE SERVICE | MATOS, ROSA | 46.00 | | 670.68 I | |
| | | | | | | | | |
| | | | | CATEGORY | 46.00 | 0.00 | 670.68 | |
| | | | | CATEGORI | 40.00 | 0.00 | 070.00 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | - 17 | |
|-----------------------|--------------------|-----------------------|---|----------------|-----------------|---------|--------------------|------|---------|
| | | | | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199056 199057 | 6/15/12 6/15/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | - , | 63.00 168.00 | | 918.54 2,449.44 | I | |
| | | | | CUSTOMER | 231.00 | 0.00 | 3,367.98 | | |
| | | | | CATEGORY | 231.00 | 0.00 | 3,367.98 | | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 1 | 180 |
|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | Si | ALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199058 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MCGUIRE, HELEN | 56.00 | | 816.48 I | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 181 ADU ADULT | |
|------------|----------|---------|--------------------------------------|----------------|-------|---------|---------------------------|------|
| SALES URNI | L # U200 | LOC UUI | | SALES REGISTER | | | | 2/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SUR | PLUS |
| 199059 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MCKAY, DOROTHY | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCS | 182 |
|-----------------------|--------------------|-----------------------|---|--------------------------------|---------------|---------|-----------------------------|-----------|
| SALES URN | L # U200 | LOC 001 | | SALES REGISTER | | | BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 199060 | 6/15/12 | 000008 | VISITING NURSE SERVICE | MEJIA, DINORAH | 17.50 | | 255.15 I | |
| 199061 199062 | 6/08/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | MEJIA, MARINA MEJIA, MARINA | 4.00 25.00 | | 58.32 I 364.50 I | |
| | -,, | | | · | | | | |
| | | | | CUSTOMER | 46.50 | 0.00 | 677.97 | |
| | | | | CATEGORY | 46.50 | 0.00 | 677.97 | |

| | 06/20/12 - L # 0286 | | | REG NY NY SALES REGISTER | | | PAGE 1 - 1 LTC NURSING HOMEW BILL WEEK ENDING | /O WALLS (LT |
|----------|------------------------|---------|------------------------|-----------------------------|-------|---------|---|--------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199063 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MEJIA, ROSA | 29.75 | | 433.76 I | |
| | | | | CATEGORY | 29.75 | 0.00 | 433.76 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 184 |
|-----------|---------------|---------|------------------------|---------------|-------|---------|--------------------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS |
| 100064 | 6 / 1 5 / 1 0 | 000000 | | WENTER AND | 40.00 | | 610.26 |
| 199064 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MENDEZ, ADA | 42.00 | | 612.36 I |
| | | | | | | | |
| | | | | CATEGORY | 42.00 | 0.00 | 612.36 |

| RUN DATE SALES JRN | | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 185 LAD NURSING HOME W/O WA | LLS LT |
|-----------------------|--------------------|------------------|---|---------------|---------------|---------|---|--------|
| | ,, ,_,, | | | SALES REGISTE | R | | BILL WEEK ENDING 6/22 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURP | LUS |
| 199065 199066 | 6/08/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 4.00 12.50 | | 58.32 I 182.25 I | |
| 199000 | 0/13/12 | 000000 | VISITING NORSE SERVICE | , | | | | |
| | | | | CUSTOMER | 16.50 | 0.00 | 240.57 | |
| | | | | CATEGORY | 16.50 | 0.00 | 240.57 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 18 | 6 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | ъ # 0286 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199067 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MENDOLIA, ANTOI | 77.00 | | 1,122.66 I | |
| | | | | CATEGORY | 77.00 | 0.00 | 1,122.66 | |

| RUN | DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 187 |
|------|--------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALE | ES JRN | L # 0286 | LOC 001 | | REG NY NY | | | LTC NURSING HOME | • |
| | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVO | OICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 1990 | 068 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MENDOZA, JULIO | 40.25 | | 586.85 I | |
| | | | | | CATEGORY | 40.25 | 0.00 | | |
| | | | | | CALEGORI | 40.23 | 0.00 | 500.05 | |

| - 1 | | | | YSIDE CITYWIDE | DDG 1997 | | | PAGE 1 - : | |
|-----|-----------|----------|---------|------------------------|----------------------------|-------|---------|--------------------------------------|---------|
| | SALES JRN | L # U286 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | VCP CHOICE LHCSA BILL WEEK ENDING | |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 199069 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MENDOZA, VALENT | 16.00 | | 233.28 I | |
| | | | | | CATEGORY | 16.00 | 0.00 | 233.28 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 189 | |
|------------|------------|------------|------------------------|----------------|--------|---------|-------------------------|----|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING 6/22/1 | .2 |
| T1770 T G7 | 53.00 | GTTGE 310 | GUGEOVED VIVE | | ****** | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLU | IS |
| 199070 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MILEO, MARY | 31.00 | | 451.98 I | |
| | | | | | | | | _ |
| | | | | CATEGORY | 31.00 | 0.00 | 451.98 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 190 | |
|-----------|------------|----------|------------------------|-----------------|-------|---------|----------------|------------|--|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHO | !SA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDI | NG 6/22/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS | |
| 199071 | 6/15/12 | 000008 | VISITING NURSE SERVICE | MONSERRAT, DORI | 8.00 | | 116.64 | I | |
| 199072 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MONTES, MARTA | 30.00 | | 437.40 | I | |
| 199073 | 5/25/12 | 800000 | VISITING NURSE SERVICE | MORAITIS, AGATH | 5.00 | | 72.90 | I | |
| 199074 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MORAITIS, AGATH | 36.00 | | 524.89 | I | |
| | | | | CUSTOMER | 79.00 | 0.00 | 1,151.83 | | |
| | | | | CATEGORY | 79.00 | 0.00 | 1,151.83 | | |

| | 06/20/12 - IL # 0286 | | | REG NY NY | | | PAGE 1 - LTC NURSING HOME | W/O WALLS (LT |
|----------|-------------------------|---------|------------------------|-----------------|-------|---------|------------------------------|---------------|
| | | | i | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199075 | 6/15/12 | 000008 | VISITING NURSE SERVICE | MORALES, ANGELI | 43.00 | | 626.94 I | |
| | | | | CATEGORY | 43.00 | 0.00 | 626.94 | |

| RUN DATE (SALES JRNI | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK END | - 192 ING 6/22/12 |
|--------------------------|---------|---------|---|-----------------------------|-------|---------|--|----------------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | TYP SURPLUS |
| 199076 | 6/15/12 | 800000 | VISITING NURSE SERVICE | MOURAS, ANNA | 7.75 | | 113.00 | I |
| | | | | | | | | |
| | | | | CATEGORY | 7.75 | 0.00 | 113.00 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 193 | |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------------------|---|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING 6/22/12 | 2 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | 3 |
| 199077 | 6/15/12 | 800000 | VISITING NURSE SERVICE | NAGY, GEORGE | 41.00 | | 597.78 I | |
| | | | | CATEGORY | 41.00 | 0.00 | 597.78 | - |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | - 19 | 94 |
|-----------|----------|---------|------------------------|----------------|-------|---------|--------------|------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGA | | |
| | | | 2 | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199078 | 6/01/12 | 000008 | VISITING NURSE SERVICE | NAVARRO, MARIA | 4.00 | | 58.32 | I | |
| 199079 | 6/15/12 | 800000 | VISITING NURSE SERVICE | NAVARRO, MARIA | 20.50 | | 298.89 | I | |
| | | | | CUSTOMER | 24.50 | 0.00 | 357.21 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 24.50 | 0.00 | 357.21 | | |
| 1 | | | | CAILGORI | 24.50 | 0.00 | 337.21 | | |

| RUN DATE 06/20/12 - SALES JRNL # 0286 | - SUP SUNN LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - 195 ADU ADULT BILL WEEK ENDING 6/22/12 | |
|--|----------------------------|--|--|-------------------------------|---------|---|--|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 199080 6/15/12 199081 6/15/12 199082 6/15/12 199083 6/15/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | NEAL, GWENDOLYN NELLINI, MARY NICKELL, JEAN NICOLELIS, LUCY | 6.00 42.00 9.00 4.00 | | 87.48 I 612.36 I 131.22 I 58.32 I | |
| | | | CUSTOMER | 61.00 | 0.00 | 889.38 | |
| | | | CATEGORY | 61.00 | 0.00 | 889.38 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 196 | |
|-----------|------------|----------|------------------------|----------------|-------|---------|---------------------------|-----|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/O WALLS | (LT |
| | | | 5 | BALES REGISTER | | | BILL WEEK ENDING 6/22/13 | 2 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLU: | S |
| 199084 | 6/15/12 | 800000 | VISITING NURSE SERVICE | NIDO, MICHAEL | 49.00 | | 714.42 I | |
| | | | | CATEGORY | 49.00 | 0.00 | 714.42 | _ |

| RUN DATE (| 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | | PAGE 1 | - 19 | 7 |
|------------|------------|----------|------------------------|--------|---------------|-------|---------|--------------|--------|-----------|
| SALES JRNI | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY | NY | | | CCL CONGREGA | TE CAR | E PROGRAM |
| | | | S | SALES | REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| | | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | R. | EFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| | | | | | | | | | _ | |
| 199085 | 6/15/12 | 800000 | VISITING NURSE SERVICE | NI | ETO RAMOS, JO | 63.00 | | 918.54 | I | |
| | | | | | | | | | | |
| | | | | | | | | 010 54 | | |
| | | | | | CATEGORY | 63.00 | 0.00 | 918.54 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 198 | | |
|-----------|------------|------------|------------------------|---------------|-------|---------|------------------|------------|--|--|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | | | |
| | | | S | ALES REGISTER | | | BILL WEEK ENDIN | NG 6/22/12 | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS | | |
| 199086 | 6/01/12 | 000008 | VISITING NURSE SERVICE | NIEVES, NANCY | 9.00 | | 131.22 | [| | |
| 199087 | 6/01/12 | 800000 | VISITING NURSE SERVICE | NIEVES, NANCY | 9.00 | | 131.22 | [| | |
| 199088 | 6/08/12 | 000008 | VISITING NURSE SERVICE | NIEVES, NANCY | 9.00 | | 131.22 | [| | |
| 199089 | 6/15/12 | 000008 | VISITING NURSE SERVICE | NIEVES, NANCY | 45.00 | | 656.10 | [| | |
| 199090 | 6/15/12 | 800000 | VISITING NURSE SERVICE | NINO, CARMEN | 16.00 | | 233.28 | [| | |
| | | | | CUSTOMER | 88.00 | 0.00 | 1,283.04 | | | |
| | | | | CATEGORY | 88.00 | 0.00 | 1,283.04 | | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY SALES REGISTER | | | PAGE 1 - LTC NURSING HO BILL WEEK ENDI | OMEW/O WALLS (LT |
|----------------------------|-------------------------------|----------------------------|--|---|------------------------|---------|--|------------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | TYP SURPLUS |
| 199091 199092 199093 | 6/08/12 6/15/12 6/15/12 | 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | NOBLIN, ELOISE NOBLIN, ELOISE NOBOADESALAZAR, | 5.00 26.00 34.00 | | 72.90 379.08 495.72 | I I |
| | | | | CUSTOMER | 65.00 | 0.00 | 947.70 | |
| | | | | CATEGORY | 65.00 | 0.00 | 947.70 | |

| | | | YSIDE CITYWIDE | | | | | - 20 | 00 |
|-----------|-----------|---------|------------------------|-----------------|-------|---------|--------------|------|-----------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | | C 100 110 |
| | | | : | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199094 | 6/15/12 | 000008 | VISITING NURSE SERVICE | NUZIALE, CONCET | 49.00 | | 714.42 | I | |
| 199095 | 6/15/12 | 800000 | VISITING NURSE SERVICE | OCHOA, LUIS | 35.75 | | 521.24 | I | |
| | | | | CUSTOMER | 84.75 | 0.00 | 1,235.66 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 84.75 | 0.00 | 1,235.66 | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 | |
|-----------|----------|---------|------------------------|-----------------|-------|---------|---------------|------------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | | OMEW/O WALLS (LT |
| | | | i | SALES REGISTER | | | BILL WEEK END | OING 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP SURPLUS |
| 199096 | 6/01/12 | 000008 | VISITING NURSE SERVICE | OLVERA, ROSALIA | 5.00 | | 72.90 | I |
| 199097 | 6/15/12 | 800000 | VISITING NURSE SERVICE | OLVERA, ROSALIA | 18.75 | | 273.38 | I |
| | | | | CUSTOMER | 23.75 | 0.00 | 346.28 | |
| | | | | | | | | |
| | | | | CATEGORY | 23.75 | 0.00 | 346.28 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 2 VCP CHOICE LHCSA | 202 |
|-----------------------|--------------------|-----------------------|---|----------------|---------------|---------|--------------------------------|---------|
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199098 | 6/15/12 | 800000 | VISITING NURSE SERVICE | | 16.00 | | 233.28 I | |
| 199099 199100 | 6/15/12 6/15/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 4.00 30.75 | | 58.32 I 448.34 I | |
| | | | | CUSTOMER | 50.75 | 0.00 | 739.94 | |
| | | | | CATEGORY | 50.75 | 0.00 | 739.94 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | |
|-----------------------|--------------------|-----------------------|---|--------------------------------|--------------|---------|-----------------------|------------|
| | | | S | SALES REGISTER | | | BILL WEEK ENDI | NG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT I | YP SURPLUS |
| 199101 199102 | 6/01/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | PAOLONI, MARY PAOLONI, MARY | 3.00 7.50 | | 43.74 109.35 | I I |
| | | | | CUSTOMER | 10.50 | 0.00 | 153.09 | |
| | | | | CATEGORY | 10.50 | 0.00 | 153.09 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE L | - 20 |)4 |
|-----------------------|----------|-----------------------|--------------------------------------|-----------------|--------|---------|------------------------|------|---------|
| SALES UKN. | L # 0200 | TOC 001 | | LES REGISTER | | | BILL WEEK EN | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199103 | 6/15/12 | 000008 | VISITING NURSE SERVICE | PAPAZIAN, MANNI | 50.00 | | 729.00 | I | |
| 199104 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PAPOUTSIS, MARY | 6.50 | | 94.77 | I | |
| 199105 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PAPP, TEREZIA | 3.00 | | 43.74 | I | |
| 199106 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PARETTI, MARIE | 56.00 | | 816.48 | I | |
| 199107 | 6/08/12 | 800000 | VISITING NURSE SERVICE | PENA, VICTORIA | 12.00 | | 174.96 | I | |
| 199108 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PENA, VICTORIA | 45.75 | | 667.04 | I | |
| 199109 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PENAGOS, MARIA | 25.00 | | 364.50 | I | |
| 199110 | 6/01/12 | 800000 | VISITING NURSE SERVICE | PEREZ MONSER, C | 7.00 | | 102.06 | I | |
| 199111 | 6/08/12 | 000008 | VISITING NURSE SERVICE | PEREZ MONSER, C | 7.00 | | 102.06 | I | |
| 199112 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PEREZ MONSER, C | 48.75 | | 710.78 | I | |
| | | | | CUSTOMER | 261.00 | 0.00 | 3,805.39 | | |
| | | | | CATEGORY | 261.00 | 0.00 | 3,805.39 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 05 |
|-----------|------------|------------|------------------------|----------------|-------|---------|-------------------|--------------|
| SALES JRN | IL # 0286 | LOC 001 | | REG NY NY | | | LTC NURSING HOMEW | /O WALLS (LT |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199113 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PEREZ, DOMINGA | 18.00 | | 262.44 I | |
| | | | | CATEGORY | 18.00 | 0.00 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 20 | б |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199114 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PEREZ, GLADYS | 36.00 | | 524.88 I | |
| | | | | CATEGORY | 36.00 | 0.00 | 524.88 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 20 | 07 |
|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199115 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PEREZ, JOAQUIN | 30.00 | | 437.40 I | |
| | | | | | | | | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 808 |
|------------|------------|------------|------------------------|----------------|--------|---------|-------------------|---------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | I/O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| T1770 T GT | | G11GE 310 | GUGEOVED MANE | | ****** | | | GIID DI IIG |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199116 | 6/15/12 | 000008 | VISITING NURSE SERVICE | PERSAUD, RITA | 29.50 | | 430.12 I | |
| 155110 | 0/13/12 | 000000 | VIBITING NORBE BERVICE | IERBAOD, KIIA | 20.50 | | 130.12 | |
| | | | | | | | | |
| | | | | CATEGORY | 29.50 | 0.00 | 430.12 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | - 209 | |
|---|-----------|------------|------------|------------------------|----------------|-------|---------|----------------|-------------|--|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHC | | |
| ı | | | | 5 | SALES REGISTER | | | BILL WEEK ENDI | ING 6/22/12 | |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS | |
| | 199117 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PHILIPPS, MARY | 57.00 | | 831.06 | I | |
| | | | | | CATEGORY | 57.00 | 0.00 | 831.06 | | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 21 | 10 | |
|---------|------------|---------|------------------------|----------------|-------|---------|------------------|---------|--|
| SALES J | RNL # 0286 | LOC 001 | | REG NY NY | | | ADU ADULT | | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 | |
| INVOICE | ‡ DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| 199118 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PIRES, ARMANDA | 3.00 | | 43.74 I | | |
| | | | | | | | | | |
| | | | | CATEGORY | 3.00 | 0.00 | 43.74 | | |

| RUN DATE 06/20/12 SALES JRNL # 0286 | | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | 2 | | PAGE 1 - VCP CHOICE LHC BILL WEEK ENDI | SA |
|--|----------------------|--|----------------------------|---------------------------------|---------|--|-------------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 199119 6/15/12 199120 6/15/12 199121 6/15/12 199122 6/15/12 | 2 000008 2 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | PLACIDO, MERCED | 2.75 31.75 42.00 36.00 | | 40.10 462.92 612.36 524.88 | I I I |
| | | | CUSTOMER | 112.50 | 0.00 | 1,640.26 | |
| | | | CATEGORY | 112.50 | 0.00 | 1,640.26 | |

| | | | NYSIDE CITYWIDE | | | | PAGE 1 - 2 | |
|-------|---------------|---------|------------------------|-----------------------------|-------|---------|------------------------------------|---------|
| SALES | 3 JRNL # 0286 | LOC 001 | | REG NY NY SALES REGISTER | | | LTC NURSING HOMEW BILL WEEK ENDING | • |
| INVO | CE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 19912 | 23 6/15/12 | 800000 | VISITING NURSE SERVICE | PONCE, ALICIA | 40.00 | | 583.20 I | |
| | | | | | | | | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | 213 |
|----------|---------|----------|--------------------------------------|----------------|-------|---------|------------------|-----------|
| | 53.00 | GTIGE NO | | SALES REGISTER | | | BILL WEEK ENDING | - , , |
| INVOICE# | DATE | CUST NO | | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 199124 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PREVOST, IRENE | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCS | 214 |
|-----------------------|--------------------|-----------------------|--|----------------|---------------|---------|-----------------------------|-----------|
| SALES UKN | L # UZ00 | LOC 001 | | SALES REGISTER | | | BILL WEEK ENDIN | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 199125 199126 | 6/08/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | • | 7.00 31.00 | | 102.06 I 451.98 I | |
| | | | | CUSTOMER | 38.00 | 0.00 | 554.04 | |
| | | | | CATEGORY | 38.00 | 0.00 | 554.04 | |

| ı | RUN DATE | 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - : | 215 |
|---|-----------|----------|------------|------------------------|-----------------|-------|---------|------------------|-------------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE C | ARE PROGRAM |
| ı | | | | Ş | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 199127 | 6/15/12 | 800000 | VISITING NURSE SERVICE | PULLIZA, DIANNE | 42.00 | | 612.36 I | |
| | | | | | CATEGORY | 42.00 | 0.00 | 612.36 | |

| RUN DATE SALES JRN | | | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 2 VCP CHOICE LHCSA | 16 |
|-----------------------|-----------|---------|------------------------------------|----------------|-------|---------|--------------------------------|---------|
| Brilles orav | L 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199128 | 6/15/12 | 800000 | VISITING NURSE SERVICE | QUINTERO, INES | 24.00 | | 349.92 I | |
| | | | | | | | | |
| | | | | CATEGORY | 24.00 | 0.00 | 349.92 | |

| ı | RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 217 |
|---|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|---------------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | V/O WALLS (LT |
| ı | | | | i | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| ı | | | | | | | | | |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| ı | | | | | | | | | |
| ı | 199129 | 6/15/12 | 800000 | VISITING NURSE SERVICE | QUIZHPI, MARIA | 49.00 | | 714.42 I | |
| ı | | | | | | | | | |
| ı | | | | | | 40.00 | | | |
| ı | | | | | CATEGORY | 49.00 | 0.00 | 714.42 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 218 | |
|-----------|------------|------------|------------------------|----------------|-------|---------|----------------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LAP LOMBARDI AIDES F | PEDIATRIC |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING 6 | 5/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP S | SURPLUS |
| 199130 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RAMIREZ, ANA | 40.25 | | 586.85 I | |
| | | | | | | | | |
| | | | | CATEGORY | 40.25 | 0.00 | 586.85 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 21 | .9 |
|-----------|------------|------------|------------------------|----------------|-------|---------|--------------|--------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING | HOMEW/ | O WALLS (LT |
| | | | S | SALES REGISTER | 2 | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199131 | 5/25/12 | 800000 | VISITING NURSE SERVICE | RAMIREZ, JUANA | 7.00 | | 102.06 | I | |
| 199132 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RAMIREZ, JUANA | 47.50 | | 692.55 | I | |
| | | | | CUSTOMER | 54.50 | 0.00 | 794.61 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 54.50 | 0.00 | 794.61 | | |

| RUN DATE 06/20/12 - SUP SUNNYSIDE CI SALES JRNL # 0286 LOC 001 SUNNYS | ITYWIDE SIDE CITYWIDE REG NY NY | | | PAGE 1 - ADU ADULT | 220 |
|--|------------------------------------|-----------|---------|-----------------------|-----------|
| | | ISTER | | BILL WEEK ENDING | G 6/22/12 |
| INVOICE# DATE CUST NO CUSTOME | ER NAME REFERENC | E HOURS | TAX AMT | AMOUNT TY | SURPLUS |
| 199133 6/15/12 000008 VISITIN | NG NURSE SERVICE RAMOS, AL | ICIA 3.00 | | 43.74 I | |
| | | | | | |

| RUN DATE SALES JRN | | - SUP SUNN | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE LE | - 22 | 21 |
|-----------------------|----------|------------|---------------------------------------|-----------------|-------|---------|-------------------------|------|---------|
| SALES UKN | L # 0200 | LOC 001 | | ALES REGISTER | | | BILL WEEK END | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199134 | 6/15/12 | 000008 | VISITING NURSE SERVICE | RAMPHAL, INDRIA | 12.00 | | 174.96 | I | |
| 199135 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RANDAZZO, ROSAL | 15.75 | | 229.64 | I | |
| 199136 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RASMUSSEN, GEOR | 3.00 | | 43.74 | I | |
| 199137 | 6/15/12 | 800000 | VISITING NURSE SERVICE | REINA, JOSE | 16.00 | | 233.28 | I | |
| 199138 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RICCA, MARIE | 20.00 | | 291.60 | I | |
| 199139 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RIVADENEIRA, OL | 20.00 | | 291.60 | I | |
| | | | | CUSTOMER | 86.75 | 0.00 | 1,264.82 | | |
| | | | | CATEGORY | 86.75 | 0.00 | 1,264.82 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 222 | |
|------------|------------|------------|------------------------|-----------------|--------|---------|-----------------------------|----|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/O WALLS (| LT |
| | | | | SALES REGISTER | | | BILL WEEK ENDING 6/22/12 | |
| T1770 T GT | | G11GE 310 | GUGEOVED MAN | | ****** | | 11/01PT | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 199140 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RIVADENEIRA, RO | 55.75 | | 812.84 I | |
| | | | | | | | | |
| | | | | CATEGORY | 55.75 | 0.00 | 812.84 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 223 VCP CHOICE LHCSA | } |
|-----------------------|--------------------|------------------|---|----------------|-------|---------|----------------------------------|---------|
| BALLED OIGN | 11 # 0200 | HOC 001 | | SALES REGISTER | | | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199141 199142 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 20.00 | | 291.60 I 291.60 I | |
| | | | | CUSTOMER | 40.00 | 0.00 | 583.20 | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| - 1 | | | | YSIDE CITYWIDE | | | | | 224 | |
|-----|-----------|----------|---------|------------------------|-----------------|-------|---------|-------------------|---------|--|
| | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | | |
| | | | | · | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 | |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| | 199143 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RIVERA, GRACIEL | 20.00 | | 291.60 I | | |
| | | | | | CATEGORY | 20.00 | 0.00 | 291.60 | | |

| | : 06/20/12 - NL # 0286 | | IYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 2 ADU ADULT | 225 |
|----------|---------------------------|---------|---------------------------------------|----------------|-------|---------|-------------------------|---------|
| | " | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199144 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RIVERA, RAQUEL | 28.00 | | 408.24 I | |
| | | | | | | | | |
| | | | | CATEGORY | 28.00 | 0.00 | 408.24 | |

| RUN DATE 06/20/1 SALES JRNL # 028 | | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | <u> </u> | | PAGE 1 - 22 LTC NURSING HOMEW/ BILL WEEK ENDING | |
|--------------------------------------|---------|--|-----------------------------|---------------|---------|---|---------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199145 6/15/1 199146 6/15/1 | | VISITING NURSE SERVICE VISITING NURSE SERVICE | · | 36.50 8.00 | | 532.17 I 116.64 I | |
| | | | CUSTOMER | 44.50 | 0.00 | 648.81 | |
| | | | CATEGORY | 44.50 | 0.00 | 648.81 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 227 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|----------------|------------|--|
| SALES JRN | ъ # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHC | SA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDI | NG 6/22/12 | |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS | |
| | | | | | | | | | |
| 199147 | 6/15/12 | 000008 | VISITING NURSE SERVICE | ROBINSON, MARGA | 49.00 | | 714.42 | Ι | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | CATEGORY | 49.00 | 0.00 | 714.42 | | |

| ı | RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 228 |
|---|-----------|------------|----------|------------------------|-----------------|---------|---------|------------------|---------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | · |
| ı | | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| ı | INVOICE# | DAIL | COSI NO | COSTONER NAME | KEPEKENCE | 1100105 | IAA ANI | AMOUNT TIP | SORFIOS |
| | 199148 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ROCCISANO, LOUI | 40.00 | | 583.20 I | |
| | | | | | | | | | |
| | | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | | |
|-----------------------|--------------------|------------------|---|-----------------|----------------|---------|------------------|------|---------|
| | | | · | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199149 199150 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | | 22.50 42.00 | | 328.05 612.36 | I | |
| 199150 | 0/15/12 | 000008 | VISITING NORSE SERVICE | RODRIGUEZ, IRMA | 42.00 | | 012.30 | | |
| | | | | CUSTOMER | 64.50 | 0.00 | 940.41 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 64.50 | 0.00 | 940.41 | | |

| RUN DATE (| 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 230 |
|------------|------------|------------|------------------------|---------------|----------|-------------|------------------|--------------|
| SALES JRNI | և # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE C | CARE PROGRAM |
| | | | 5 | SALES REGIS | TER | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYE | SURPLUS |
| IIIVOICE | DITTE | CODI NO | CODICIDIC WILL | REI EREIVOE | 110010 | 11111 11111 | 11100111 111 | BOILT HOD |
| 199151 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, MA | RC 84.00 | | 1,224.72 I | |
| | | | | | | | | |
| | | | | CATEGOR | Y 84.00 | 0.00 | 1,224.72 | |

| RUN D | ATE 06/20/12 | - SUP SUNN | NYSIDE CITYWIDE | | | | PAGE 1 - 231 | |
|-------|--------------|------------|------------------------|-----------------|-------|---------|---------------------|-----------|
| SALES | JRNL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/O | WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | | | | | | | | |
| INVOI | CE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 19915 | 2 6/15/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, OLGA | 10.00 | | 145.80 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 10.00 | 0.00 | 145.80 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 232 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-----------------|------------|
| SALES JRN | ъ # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCS | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDIN | NG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 199153 | 6/01/12 | 000008 | VISITING NURSE SERVICE | RODRIGUEZ, PORF | 7.00 | | 102.06 | Ε |
| 199154 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, PORF | 49.00 | | 714.42 | [|
| | | | | CUSTOMER | 56.00 | 0.00 | 816.48 | |
| | | | | | | | | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 23 | 3 |
|-----------|---------------|----------|------------------------|-----------------|-------|---------|--------------------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/ | O WALLS (LT |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 100155 | C / 1 E / 1 O | | | | 40.00 | | 500 00 - | |
| 199155 | 6/15/12 | 000008 | VISITING NURSE SERVICE | RODRIGUEZ, ROQU | 40.00 | | 583.20 I | |
| | | | | | | | | |
| | | | | | 40.00 | | | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - 23 ADU ADULT BILL WEEK ENDING | 6/22/12 |
|-----------------------|---------|---------|--------------------------------------|-----------------------------|-------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199156 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RODRIGUEZ, YLMA | 56.00 | | 816.48 I | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE | : 06/20/12 - | - SUP SUNN | NYSIDE CITYWIDE | | | | PAGE 1 - : | 235 |
|----------|--------------|------------|------------------------|----------------|-------|---------|------------------|---------------|
| SALES JE | NL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| | | | S | BALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE; | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199157 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ROLON, JUANITA | 40.00 | | 583.20 I | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| ١ | RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 236 | |
|---|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|---------|--|
| ١ | SALES JRN | L # 0286 | LOC 001 | | REG NY NY | | | VCP CHOICE LHCSA | | |
| ١ | | | | i | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 | |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| | 199158 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ROMERO, SANTHY | 58.50 | | 852.93 I | | |
| | | | | | CATEGORY | 58.50 | 0.00 | 852.93 | | |

| ı | RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 137 |
|---|-----------|------------|----------|------------------------|----------------|-------|---------|-------------------|---------------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | //O WALLS (LT |
| ı | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| ı | | | | | | | | | |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| ı | | | | | | | | | |
| ı | 199159 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ROMO, FLOR | 55.75 | | 812.84 I | |
| ı | | | | | | | | | |
| ı | | | | | | | | | |
| ı | | | | | CATEGORY | 55.75 | 0.00 | 812.84 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 238 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199160 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ROQUE, GLORIA | 13.00 | | 189.54 I | |
| | | | | CATEGORY | 13.00 | 0.00 | 189.54 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 23 | 9 |
|-----------|------------|----------|------------------------|----------------|-------|---------|--------------------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/ | O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199161 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ROSA, ANA | 40.00 | | 583.20 I | |
| | | | | | | | | |
| | | | | CATEGORY | 40.00 | 0.00 | 583.20 | |

| RUN DATE | 06/20/12 - | SUP SUNN | NYSIDE CITYWIDE | | | | PAGE 1 - 24 | 10 |
|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199162 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ROSA, LUZ E | 55.75 | | 812.84 I | |
| | | | | CATEGORY | 55.75 | 0.00 | 812.84 | |

| RUN DATE 06/20/12 SALES JRNL # 0286 | - SUP SUNI LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY A L E S R E G I S T E R | | | PAGE 1 - VCP CHOICE LHCS BILL WEEK ENDIR | |
|--|--------------------------------------|---|--|----------------------------------|---------|--|-----------|
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 199163 6/15/12 199164 6/15/12 199165 6/15/12 199166 6/15/12 | 000008 000008 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE VISITING NURSE SERVICE | ROSA, MANOLO ROSARIO, ELSA ROSARIO, MARIA ROSARIOBREU, EM | 16.00 36.00 20.75 25.00 | | 233.28 524.88 302.54 364.50 | |
| | | | CUSTOMER | 97.75 | 0.00 | 1,425.20 | |
| | | | CATEGORY | 97.75 | 0.00 | 1,425.20 | |

| | | SUNNYSIDE CITYWIDE | 556 199 | | | PAGE 1 - 242 | |
|------------|--------------------------------|--------------------|----------------------------|----------------|---------|----------------------------------|--------|
| SALES JRNL | # 0286 LOC 0 | | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING 6/ | 22/12 |
| INVOICE# | DATE CUST | NO CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SU | JRPLUS |
| | 6/15/12 00000 6/15/12 00000 | | , | 16.00 15.00 | | 233.28 I 218.70 I | |
| | | | CUSTOMER | 31.00 | 0.00 | 451.98 | |
| | | | CATEGORY | 31.00 | 0.00 | 451.98 | |

| | | | YSIDE CITYWIDE | DEC MY NIV | | | | 243 |
|----------|-----------|---------|------------------------|-----------------------------|-------|---------|--------------------------------------|---------|
| SALES UR | NL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | VCP CHOICE LHCSA BILL WEEK ENDING | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199169 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RUEDA, INES | 47.00 | | 685.26 I | |
| | | | | CATEGORY | 47.00 | 0.00 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - : | 244 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | | REG NY NY | | | LTC NURSING HOME | |
| | | | i | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199170 | 6/15/12 | 800000 | VISITING NURSE SERVICE | RUFFEN, SANDRA | 30.00 | | 437.40 I | |
| | | | | | | | | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 245 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | | REG NY NY | | | ADU ADULT | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 199171 | 6/15/12 | 000008 | VISITING NURSE SERVICE | RUSSO, MONICA | 69.75 | | 1,016.96 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 69.75 | 0.00 | 1,016.96 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - : | 246 |
|-----------|------------|------------|---------------------------|-----------------|-------|---------|------------------|---------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 100170 | 6/15/12 | 000000 | TITATETHA NUMBER CONTINUE | CAALIDDA CEUL | 22 00 | | 401 14 - | |
| 199172 | 6/15/12 | 000008 | VISITING NURSE SERVICE | SAAVEDRA, STELL | 33.00 | | 481.14 I | |
| | | | | | | | | |
| | | | | CATEGORY | 33.00 | 0.00 | 481.14 | |
| | | | | GIIIIGGIII | 55.00 | 0.00 | -0 | |

| | | | YSIDE CITYWIDE | | | | | - 24 | 7 |
|-----------|----------|---------|------------------------|----------------|-------|---------|--------------|------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE L | | 6 (00 (10 |
| | | | : | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | TRUOMA | TYP | SURPLUS |
| 199173 | 6/15/12 | 000008 | VISITING NURSE SERVICE | SAK, FIRDEVS | 15.00 | | 218.70 | I | |
| 199174 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SALADIN, MARIA | 66.00 | | 962.28 | I | |
| | | | | CUSTOMER | 81.00 | 0.00 | 1,180.98 | | |
| | | | | 0021011211 | | 3.33 | _, | | |
| | | | | | | | | | |
| | | | | CATEGORY | 81.00 | 0.00 | 1,180.98 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 48 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|--------------|
| SALES JRN | NL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | /O WALLS (LT |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199175 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SALVATIERRA, TE | 36.00 | | 524.88 I | |
| | | | | CATEGORY | 36.00 | 0.00 | 524.88 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 249 |) |
|-----------|----------|---------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | \$ | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199176 | 6/15/12 | 000008 | VISITING NURSE SERVICE | SAMPOGNA, LUCY | 20.00 | | 291.60 I | |
| 199177 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SANCHEZ, LIDIA | 49.00 | | 714.42 I | |
| | | | | CUSTOMER | 69.00 | 0.00 | 1,006.02 | |
| | | | | | | | | |
| | | | | CATEGORY | 69.00 | 0.00 | 1,006.02 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 25 | 0 |
|---|-----------|------------|------------|------------------------|----------------|-------|---------|--------------------|-----------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CAR | E PROGRAM |
| | | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 199178 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SANCHEZ, MARIA | 30.00 | | 437.40 I | |
| | | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE (| | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 251 |
|------------------|--------------------|-----------------------|---|----------------|-------|---------|-----------------------|---------|
| DALLES UNIV | L # 0200 | HOC 001 | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199179 199180 | 6/15/12 6/01/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 42.00 | | 612.36 I 29.16 I | |
| | | | | CUSTOMER | 44.00 | 0.00 | 641.52 | |
| | | | | CATEGORY | 44.00 | 0.00 | 641.52 | |

| RUN DATE SALES JRN | | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE LH | | 2 |
|-----------------------|----------|------------|--------------------------------------|-----------------|--------|---------|-------------------------|-----|---------|
| SALES UKN | L # 0200 | TOC 001 | | ALES REGISTER | | | BILL WEEK END | | 6/22/12 |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199181 | 6/15/12 | 000008 | VISITING NURSE SERVICE | SCOTT, CATHERIN | 56.00 | | 816.48 | I | |
| 199182 | 6/15/12 | 000008 | VISITING NURSE SERVICE | SEGOVIA, BEATRI | 36.00 | | 524.88 | I | |
| 199183 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SERAFIN, WALTER | 55.75 | | 812.84 | I | |
| 199184 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SERRANO, AGUEDA | 56.00 | | 816.48 | I | |
| 199185 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SHANNON, ELNORA | 42.00 | | 612.36 | I | |
| 199186 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SHARMA, DEROPDI | 18.25 | | 266.09 | I | |
| | | | | CUSTOMER | 264.00 | 0.00 | 3,849.13 | | |
| | | | | CATEGORY | 264.00 | 0.00 | 3,849.13 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | 253 |
|-----------------------|--------------------|-----------------------|---|-------------------------------|--------------|---------|---------------------|------------------|
| | | | S | ALES REGISTER | | | BILL WEEK ENDIN | IG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 199187 199188 | 6/15/12 6/15/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | SHUBERT, ANN SIANO, ANDREW | 4.00 9.00 | | 58.32 1 131.22 1 | - - - - |
| | | | | CUSTOMER | 13.00 | 0.00 | 189.54 | |
| | | | | CATEGORY | 13.00 | 0.00 | 189.54 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 - VCP CHOICE LHCSA BILL WEEK ENDING | |
|-----------------------|---------|---------|--------------------------------------|----------------------------|-------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199189 | 6/15/12 | 000008 | VISITING NURSE SERVICE | SIFFETI, ROHAFZ | 10.00 | | 145.80 I | |
| | | | | CATEGORY | 10.00 | 0.00 | 145.80 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - : | 255 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199190 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SILLS, JAMES | 42.00 | | 612.36 I | |
| | | | | CATEGORY | 42.00 | 0.00 | 612.36 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCSA | 256 A |
|-----------------------|--------------------|------------------|---|----------------|----------------|---------|------------------------------|----------|
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYPE | SURPLUS |
| 199191 199192 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | - · | 24.00 15.00 | | 349.92 I 218.70 I | |
| | | | | CUSTOMER | 39.00 | 0.00 | 568.62 | |
| | | | | CATEGORY | 39.00 | 0.00 | 568.62 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 257 | |
|-----------|------------|----------|------------------------|----------------|-------|---------|-------------------|---------|--|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW | | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| 199193 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SOLDATI, RONDA | 10.00 | | 145.80 I | | |
| | | | | | | | | | |
| | | | | CATEGORY | 10.00 | 0.00 | 145.80 | | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 25 | 58 |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|--------------------|------------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CAR | RE PROGRAM |
| | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 199194 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SOPCHEK, SAMUEL | 9.00 | | 131.22 I | |
| | | | | | | | | | |
| ı | | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 259 |) |
|-----------|------------|----------|------------------------|----------------|-------|---------|---------------------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/C |) WALLS (LT |
| | | | S | ALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199195 | 6/15/12 | 800000 | VISITING NURSE SERVICE | SORIA, ROLANDO | 38.00 | | 554.04 I | |
| | | | | CATEGORY | 38.00 | 0.00 | 554.04 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 26 | ,0 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199196 | 6/15/12 | 000008 | VISITING NURSE SERVICE | SOTO, MARCELINA | 12.00 | | 174.96 I | |
| | | | | | | | | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY ALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDIN | 261 IG 6/22/12 |
|-----------------------|--------------------|-----------------------|--|------------------------------------|-------|---------|--|-------------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | , , |
| 199197 199198 | 6/15/12 6/15/12 | 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | STALZER, STEPHA STAMATIADES, ME | 20.00 | | 291.60 I 43.74 I | - - - - |
| | | | | CUSTOMER | 23.00 | 0.00 | 335.34 | |
| | | | | CATEGORY | 23.00 | 0.00 | 335.34 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 262 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199199 | 6/15/12 | 800000 | VISITING NURSE SERVICE | STAMBOULIDIS, V | 48.00 | | 699.84 I | |
| | | | | | | | | |
| | | | | CATEGORY | 48.00 | 0.00 | 699.84 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - HOA HOSPICE ADUL | |
|------------|---------|---------|-----------------------------------|-----------------|-------|---------|------------------------------|---------|
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199200 | 6/15/12 | 800000 | VISITING NURSE SERVICE | STEIN, STEPHANI | 21.00 | | 306.18 I | |
| | | | | | | | | |
| | | | | CATEGORY | 21.00 | 0.00 | 306.18 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 264 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | IL # 0286 | LOC 001 | | REG NY NY | | | ADU ADULT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199201 | 6/15/12 | 800000 | VISITING NURSE SERVICE | STENOS, MOSHOUL | 15.00 | | 218.70 I | |
| | | | | CATEGORY | 15.00 | 0.00 | 218.70 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE L | - 26 | 55 |
|-----------------------|----------|---------|-----------------------------------|-----------------|-------|---------|------------------------|------|---------|
| BALLED GIGV | L # 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK EN | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199202 | 6/15/12 | 800000 | VISITING NURSE SERVICE | STERGIOU, GLORI | 19.75 | | 287.96 | I | |
| 199203 199204 | 6/15/12 | 000008 | VISITING NURSE SERVICE | STICKELL, BLANC | 34.50 | | 503.02 | I | |
| 199204 | 6/15/12 | 800000 | VISITING NURSE SERVICE | STROBL, ALFRED | 36.00 | | 524.88 | | |
| | | | | CUSTOMER | 90.25 | 0.00 | 1,315.86 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 90.25 | 0.00 | 1,315.86 | | |

| RUN DATE SALES JRN | | | | REG NY NY | | | PAGE 1 - 266 LTC NURSING HOMEW/O WALLS (LT | |
|-----------------------|---------|---------|------------------------|----------------|-------|---------|---|--|
| | | | | SALES REGISTER | | | BILL WEEK ENDING 6/22/12 | |
| INVOICE# | DATE | CUST NO | | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 199205 | 6/15/12 | 000008 | VISITING NURSE SERVICE | SUAREZ, TULIA | 38.00 | | 554.04 I | |
| | | | | CATEGORY | 38.00 | 0.00 | 554.04 | |

| | 06/20/12 L # 0286 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCS | |
|------------------|----------------------|------------------|---|-----------------------------------|---------------|---------|-----------------------------|-----------|
| Briefs ord | 12 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDIN | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 199206 199207 | 6/15/12 6/15/12 | 000008 000008 | VISITING NURSE SERVICE VISITING NURSE SERVICE | TABOADA, DIMAS TABOADA, ELIZAB | 4.00 69.75 | | 58.32 I 1,016.97 I | |
| | | | | CUSTOMER | 73.75 | 0.00 | 1,075.29 | |
| | | | | CATEGORY | 73.75 | 0.00 | 1,075.29 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | <u>.</u> | | PAGE 1 - LTC NURSING HOM BILL WEEK ENDING | |
|-----------------------|--------------------|-----------------------|---|----------------------------|----------------|---------|---|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | SURPLUS |
| 199208 199209 | 6/15/12 6/15/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | - , | 56.00 17.50 | | 816.48 I 255.15 I | |
| | | | | CUSTOMER | 73.50 | 0.00 | 1,071.63 | |
| | | | | CATEGORY | 73.50 | 0.00 | 1,071.63 | |

| | | | YSIDE CITYWIDE | DEC MY | 2777 | | | 11102 | - 26 | 69 |
|------------|----------|---------|-------------------------|-------------------|---------------|-------|---------|---------------------------|------|---------|
| SALES JRNI | L # U286 | LOC 001 | SUNNYSIDE CITYWIDE S | REG NY SALES R | NY EGISTER | | | ADU ADULT BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REF | ERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199210 | 6/15/12 | 800000 | VISITING NURSE SERVICE | TAVE | RAS, BERNAR | 16.00 | | 233.28 | I | |
| | | | | | | 16.00 | | | | |
| | | | | | CATEGORY | 16.00 | 0.00 | 233.28 | | |

| RUN DATE 06/20/12 SALES JRNL # 0286 | | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 VCP CHOICE LE | - 27 | 0 |
|--|----------|------------------------------------|-----------------|--------|---------|-------------------------|------|---------|
| | | | LES REGISTER | | | BILL WEEK ENI | | 6/22/12 |
| INVOICE# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199211 6/15/12 | 2 000008 | VISITING NURSE SERVICE | TEJADA, BALDOME | 20.00 | | 291.60 | I | |
| 199212 6/15/12 | 2 000008 | VISITING NURSE SERVICE | TERZIAN, ASDGHI | 36.00 | | 524.88 | I | |
| 199213 6/08/12 | 2 000008 | VISITING NURSE SERVICE | TINOCO, INES | 14.00 | | 204.12 | I | |
| 199214 6/15/12 | 2 000008 | VISITING NURSE SERVICE | TINOCO, INES | 42.00 | | 612.36 | I | |
| 199215 6/15/12 | 2 000008 | VISITING NURSE SERVICE | TORO VEGA, LUZV | 28.00 | | 408.24 | I | |
| 199216 6/15/12 | 2 000008 | VISITING NURSE SERVICE | TORO, PURA | 84.00 | | 1,224.72 | I | |
| 199217 6/15/12 | 2 000008 | VISITING NURSE SERVICE | TORRES, EMELINA | 40.00 | | 583.20 | I | |
| 199218 6/15/12 | 2 000008 | VISITING NURSE SERVICE | TORRES, LUZ M | 81.75 | | 1,191.92 | I | |
| | | | CUSTOMER | 345.75 | 0.00 | 5,041.04 | | |
| | | | CATEGORY | 345.75 | 0.00 | 5,041.04 | | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 27 | 1 |
|-----------|------------|----------|------------------------|----------------|-------|---------|--------------------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOMEW/ | O WALLS (LT |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 199219 | 6/15/12 | 800000 | VISITING NURSE SERVICE | TORRES, MARGOT | 42.00 | | 612.36 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 42.00 | 0.00 | 612.36 | |

| | | | YSIDE CITYWIDE | | | | - | 272 |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|----------------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING | 6/22/12 |
| | | | • | SALES KEGISIEK | | | BILL MEEK ENDING | 0/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199220 | 6/15/12 | 800000 | VISITING NURSE SERVICE | TOUMA, MATTA | 35.00 | | 510.30 I | |
| | | | | CATEGORY | 35.00 | 0.00 | 510.30 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - 273 | |
|-----------|----------|---------|------------------------|-----------------|-------|---------|---------------------|--------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 2 | SALES REGISTER | | | BILL WEEK ENDING 6/ | /22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SU | JRPLUS |
| 199221 | 6/15/12 | 800000 | VISITING NURSE SERVICE | TRUJILLO, AMPAR | 16.00 | | 233.28 I | |
| | | | | | | | | |
| | | | | CATEGORY | 16.00 | 0.00 | 233.28 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 274 |
|-------------|-----------|---------|--------------------------------------|----------------|-------|---------|-----------------------|---------|
| DILLEO CIUV | L 0200 | 100 001 | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199222 | 6/15/12 | 000008 | VISITING NURSE SERVICE | TRUONG, TINH | 3.00 | | 43.74 I | |
| | | | | | | | | |
| | | | | CATEGORY | 3.00 | 0.00 | 43.74 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 275 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | և # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199223 | 6/15/12 | 800000 | VISITING NURSE SERVICE | TSOLISOS, FOTIN | 56.00 | | 816.48 I | |
| | | | | CATEGORY | 56.00 | 0.00 | 816.48 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 276 | |
|-----------|------------|------------|------------------------|----------------|-------|---------|-------------------------------|--|
| SALES JRN | IL # 0286 | LOC 001 | | REG NY NY | | | LAD NURSING HOME W/O WALLS LT | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING 6/22/12 | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 199224 | 6/15/12 | 800000 | VISITING NURSE SERVICE | TSUAI, PING | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 277 |
|---|------------|------------|------------|------------------------|----------------|--------|---------|------------------|-------------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| ı | | | | Ę | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| ı | T1770 T GT | 53.00 | GTTGT 370 | GUGEOLUE MANUE | 222222 | ****** | | 3.40TPT | GIID DI IIG |
| ı | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| ı | 199225 | 6/15/12 | 000008 | VISITING NURSE SERVICE | TZOUMAS, EFFIE | 62.25 | | 907.61 I | |
| ı | 199223 | 0/13/12 | 000008 | VISITING NORSE SERVICE | IZOUMAS, EFFIE | 02.25 | | 907.01 | |
| ı | | | | | | | | | |
| ı | | | | | CATEGORY | 62.25 | 0.00 | 907.61 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - ADU ADULT BILL WEEK ENDI | 270 | |
|------------|---------|---------|--------------------------------------|-----------------------------|-------|---------|---|------------|--|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS | |
| 199226 | 6/15/12 | 800000 | VISITING NURSE SERVICE | UGURLUYAN, KARA | 7.00 | | 1,224.72 | I | |
| | | | | CATEGORY | 7.00 | 0.00 | 1,224.72 | | |

| | | | NYSIDE CITYWIDE | DDG 1911 | | | PAGE 1 - 27 | |
|--------|-------------|---------|------------------------|----------------------------|-------|---------|-------------------------------------|---------|
| SALES | JRNL # 0286 | LOC 001 | | REGNY NY SALES REGISTER | | | LTC NURSING HOMEW/OBILL WEEK ENDING | • |
| INVOIC | E# DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199227 | 6/15/12 | 800000 | VISITING NURSE SERVICE | URBINA, ANA | 30.00 | | 437.40 I | |
| | | | | | | | | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY SALES REGISTER | | | PAGE 1 - 2 AUR ADULT REHAB OF BILL WEEK ENDING | |
|-----------------------|---------|---------|---|-----------------------------|-------|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199228 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VACCA, MARIA | 9.00 | | 131.22 I | |
| | | | | CATEGORY | 9.00 | 0.00 | 131.22 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 28 | 81 |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| ı | | | | 2 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 199229 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VALENCIA, ESTHE | 21.00 | | 306.18 I | |
| | | | | | CATEGORY | 21.00 | 0.00 | 306.18 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 282 |
|---|-----------|------------|------------|------------------------|----------------|-------|---------|-------------------|-------------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CA | ARE PROGRAM |
| | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 199230 | 6/15/12 | 000008 | VISITING NURSE SERVICE | VALENTI, HELEN | 6.00 | | 87.48 I | |
| | | | | | CATEGORY | 6.00 | 0.00 | 87.48 | |

| | | | YSIDE CITYWIDE | DEG NY NY | | | PAGE 1 - 28 | 33 |
|------------------|--------------------|------------------|---|----------------------------|----------------|---------|-------------------------------|---------|
| SALES JRN | L # U286 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199231 199232 | 6/15/12 6/15/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | , | 27.50 15.00 | | 400.95 I 218.70 I | |
| | | | | CUSTOMER | 42.50 | 0.00 | 619.65 | |
| | | | | CATEGORY | 42.50 | 0.00 | 619.65 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 284 |
|-----------|------------|------------|------------------------|----------------|-----------|---------|----------------|-----------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HO | MEW/O WALLS (LT |
| | | | : | SALES REGISTE | R | | BILL WEEK ENDI | NG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 199233 | 6/15/12 | 000008 | VISITING NURSE SERVICE | VAROL, ELMAS | 5.75 | | 83.84 | I |
| 199234 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VAROL, MUSTAFA | 6.00 | | 87.48 | I |
| | | | | CUSTOMER | 11.75 | 0.00 | 171.32 | |
| | | | | CATECORY | 11 75 | 0.00 | 171 22 | |
| 199234 | 6/15/12 | 000008 | VISITING NURSE SERVICE | | | 0.00 | | I |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 28 | 5 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | և # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199235 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VASQUEZ, ARTURO | 49.00 | | 714.42 I | |
| | | | | CATEGORY | 49.00 | 0.00 | 714.42 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 28 | 6 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|---------------|--------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING H | HOMEW/ | O WALLS (LT |
| | | | 5 | SALES REGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199236 | 6/15/12 | 000008 | VISITING NURSE SERVICE | VASQUEZ, EUSTAG | 32.50 | | 473.86 | I | |
| 199237 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VASQUEZ, RAPHAE | 21.00 | | 306.18 | I | |
| 199238 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VAZQUEZ, ESTHER | 40.00 | | 583.20 | I | |
| | | | | CUSTOMER | 93.50 | 0.00 | 1,363.24 | | |
| | | | | CATEGORY | 93.50 | 0.00 | 1,363.24 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 287 | |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|--|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 | |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS | |
| | | | | | | | | | |
| 199239 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VELASQUEZ, NELL | 19.50 | | 284.31 I | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | CATEGORY | 19.50 | 0.00 | 284.31 | | |

| · · | /20/12 - SUP SUNN | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | - | 288 |
|--------------|-------------------|------------------------------------|----------------------------|-------|---------|-------------------------------|---------|
| SALES URNL # | # 0286 LOC 001 | | REG NY NY ALES REGISTER | | | ADU ADULT BILL WEEK ENDING | 6/22/12 |
| INVOICE# I | DATE CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199240 6/ | /15/12 000008 | VISITING NURSE SERVICE | VELOZ, EMILIO | 14.75 | | 215.06 I | |
| | | | CATEGORY | 14.75 | 0.00 | | |

| | 06/20/12 - L # 0286 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE S | REG NY NY ALES REGISTER | | | PAGE 1 - 289 LTC NURSING HOMEW/O WALLS (LT BILL WEEK ENDING 6/22/12 | |
|----------|------------------------|---------|---|----------------------------|-------|---------|---|--|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURPLUS | |
| 199241 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VENTURA, ROSA | 49.00 | | 714.42 I | |
| | | | | CATEGORY | 49.00 | 0.00 | 714.42 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 290 |
|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|---------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199242 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VERAS, JUANA | 40.50 | | 590.49 I | |
| | | | | CATEGORY | 40.50 | 0.00 | 590.49 | |

| RUN DATE (| | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - 291 HOA HOSPICE ADULT | |
|------------|----------|---------|--------------------------------------|----------------|-------|---------|-----------------------------------|---------|
| SALES UKNI | L # 0200 | TOC 001 | | SALES REGISTER | | | | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199243 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VIGORITO, ANN | 20.00 | | 291.60 I | |
| | | | | | | | | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE | 06/20/12 - | SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 292 |
|-----------|------------|----------|------------------------|----------------|-------|---------|------------------|--------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | J |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | P SURPLUS |
| 199244 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VILLAPOL, ANNA | 36.00 | | 524.88 I | |
| | | | | CATEGORY | 36.00 | 0.00 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 2 | 293 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CA | ARE PROGRAM |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | | | | | | | | |
| 199245 | 6/15/12 | 000008 | VISITING NURSE SERVICE | VISCONTI, JASON | 4.00 | | 58.32 I | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | CATEGORY | 4.00 | 0.00 | 58.32 | |

| | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - ADU ADULT | 294 |
|----------|---------|---------|-----------------------------------|---------------|-------|---------|-----------------------|-----------|
| | - " | | | ALES REGISTER | | | BILL WEEK ENDING | G 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 199246 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VITERI, NELLY | 8.00 | | 116.64 I | |
| | | | | | | | | |
| | | | | CATEGORY | 8.00 | 0.00 | 116.64 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - | 295 |
|-----------|------------|------------|------------------------|----------------|-------|---------|------------------|---------------|
| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | LTC NURSING HOME | W/O WALLS (LT |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199247 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VITO, CARMEN | 30.00 | | 437.40 I | |
| | | | | CATEGORY | 30.00 | 0.00 | 437.40 | |

| ı | RUN DATE | 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 296 | 5 |
|---|-----------|----------|------------|------------------------|----------------|-------|---------|------------------|---------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 199248 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VIVACQUA, EMMA | 69.50 | | 1,013.32 I | |
| | | | | | CATEGORY | 69.50 | 0.00 | 1,013.32 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 – 297 | |
|-----------|------------|------------|------------------------|----------------|-------|---------|-----------------------|------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | |
| | | | 5 | SALES REGISTER | | | BILL WEEK ENDING 6/22 | 2/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP SURI | PLUS |
| 199249 | 6/15/12 | 800000 | VISITING NURSE SERVICE | VLAHOS, MARIE | 20.00 | | 291.60 I | |
| | | | | CATEGORY | 20.00 | 0.00 | 291.60 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - VCP CHOICE LHCS. | |
|-----------------------|--------------------|-----------------------|---|-----------------------------------|---------------|---------|------------------------------|-----------|
| BALLS OICH | 11 # 0200 | 100 001 | | A L E S R E G I S T E R | | | BILL WEEK ENDIN | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 199250 199251 | 6/15/12 6/08/12 | 800000 800000 | VISITING NURSE SERVICE VISITING NURSE SERVICE | VOLASTRO, JOHN WEINHAUS, SUSAN | 3.00 25.00 | | 43.74 I 364.50 I | |
| | | | | CUSTOMER | 28.00 | 0.00 | 408.24 | |
| | | | | CATEGORY | 28.00 | 0.00 | 408.24 | |

| | | | YSIDE CITYWIDE | | | | PAGE 1 - | 299 |
|-----------|----------|---------|------------------------|----------------------------|-------|---------|------------------------------|-----------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | ADU ADULT BILL WEEK ENDIN | G 6/22/12 |
| | | | 5 | SALES KEGISIEK | | | DILL MEEK ENDIN | G 0/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | P SURPLUS |
| 100050 | 6/15/10 | 000000 | | | 00 00 | | 001 60 - | |
| 199252 | 6/15/12 | 800000 | VISITING NURSE SERVICE | WERKMEISTER, JO | 20.00 | | 291.60 I | |
| 199253 | 5/25/12 | 000008 | VISITING NURSE SERVICE | WOODS, JEWEL | 4.00 | | 58.32 I | |
| 199254 | 6/15/12 | 800000 | VISITING NURSE SERVICE | WOODS, JEWEL | 14.75 | | 215.06 I | |
| | | | | CUSTOMER | 38.75 | 0.00 | 564.98 | |
| | | | | | | | | |
| | | | | CATEGORY | 38.75 | 0.00 | 564.98 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 30 | 0 |
|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| | | | : | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199255 | 6/15/12 | 800000 | VISITING NURSE SERVICE | YAGHDJIAN, SIRA | 12.00 | | 174.96 I | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 3 | 301 |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|-------------------|-------------|
| ١ | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | CCL CONGREGATE CA | ARE PROGRAM |
| | | | | S | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 199256 | 6/15/12 | 800000 | VISITING NURSE SERVICE | YELLAPAH, DOLLI | 12.00 | | 174.96 I | |
| | | | | | | | | | |
| ١ | | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

| RUN DATE 06/2 | 20/12 - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 | - 30 | 2 |
|---------------|------------------|------------------------|-----------------|-------|---------|---------------|------|---------|
| SALES JRNL # | 0286 LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | ADU ADULT | | |
| | | S A | ALES REGISTER | | | BILL WEEK END | DING | 6/22/12 |
| INVOICE# DA | ATE CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199257 6/1 | 15/12 000008 | VISITING NURSE SERVICE | YIANNITSIS, JOA | 6.00 | | 87.48 | I | |
| 199258 6/1 | 15/12 000008 | VISITING NURSE SERVICE | YIANNITSIS, LEO | 3.00 | | 43.74 | I | |
| 199259 6/0 | 08/12 000008 | VISITING NURSE SERVICE | ZAMBRANO, CRUZM | 16.00 | | 233.28 | I | |
| 199260 6/1 | 15/12 000008 | VISITING NURSE SERVICE | ZAMBRANO, CRUZM | 56.00 | | 816.48 | I | |
| | | | CUSTOMER | 81.00 | 0.00 | 1,180.98 | | |
| | | | CATEGORY | 81.00 | 0.00 | 1,180.98 | | |

| ı | RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 303 | |
|---|-----------|------------|------------|------------------------|-----------------|-------|---------|------------------|---------|
| ı | SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | VCP CHOICE LHCSA | |
| ı | | | | 5 | SALES REGISTER | | | BILL WEEK ENDING | 6/22/12 |
| | INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| | 199261 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ZAMBRANO, VICTO | 13.00 | | 189.54 I | |
| | | | | | CATEGORY | 13.00 | 0.00 | 189.54 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | PAGE 1 - 304 | |
|-----------|------------|------------|------------------------|----------------|-------|---------|----------------------|---------|
| SALES JRN | rL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | AMH ADULT MENTAL HEA | \LTH |
| | | | S | SALES REGISTER | | | BILL WEEK ENDING 6 | 5/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP S | SURPLUS |
| 199262 | 6/15/12 | 800000 | VISITING NURSE SERVICE | ZELLE, EVE | 12.00 | | 174.96 I | |
| | | | | CATEGORY | 12.00 | 0.00 | 174.96 | |

RUN DATE 06/20/12 - SUP SUNNYSIDE CITYWIDE 1 - 305 PAGE SALES JRNL # 0286 LOC 001 SUNNYSIDE CITYWIDE REG NY NY GUI GUILDNET SALES REGISTER BILL WEEK ENDING 6/22/12 INVOICE# DATE CUST NO CUSTOMER NAME REFERENCE HOURS TAX AMT AMOUNT TYP SURPLUS 199263 363.00 I 6/15/12 000010 GUILDNET 199264 348.48 I 6/15/12 000010 GUILDNET 1,321.04 I 755.04 I 1,045.44 I 199265 6/15/12 000010 GUILDNET 199266 6/15/12 000010 GUILDNET GUILDNET 199267 6/15/12 000010 GUILDNET 199268 6/15/12 000010 199269 6/15/12 000010 GUILDNET 199270 GUILDNET 6/15/12 000010 199271 6/15/12 000010 GUILDNET 199272 6/15/12 000010 GUILDNET 199273 6/15/12 000010 GUILDNET GUILDNET 199274 6/15/12 000010 199275 6/15/12 000010 GUILDNET 199276 6/15/12 000010 GUILDNET 199277 6/15/12 000010 GUILDNET 199278 6/08/12 000010 GUILDNET 199279 6/15/12 000010 GUILDNET 199280 5/25/12 000010 GUILDNET 199281 6/15/12 000010 GUILDNET 199282 6/15/12 000010 GUILDNET 199283 6/15/12 GUILDNET 000010 199284 GUILDNET 6/15/12 000010 199285 5/11/12 000010 GUILDNET 199286 6/15/12 000010 GUILDNET 199287 6/15/12 000010 GUILDNET 199288 6/15/12 000010 GUILDNET 199289 6/15/12 000010 GUILDNET 6/15/12 199290 000010 GUILDNET 6/15/12 199291 000010 GUILDNET 199292 6/15/12 000010 GUILDNET 199293 6/15/12 000010 GUILDNET 199294 6/15/12 000010 GUILDNET 199295 6/15/12 GUILDNET 000010 199296 6/15/12 000010 GUILDNET 199297 6/15/12 000010 GUILDNET 199298 6/15/12 000010 GUILDNET 199299 6/15/12 000010 GUILDNET 199300 6/15/12 000010 GUILDNET 199301 6/15/12 000010 GUILDNET 199302 000010 GUILDNET 6/15/12 199303 6/08/12 000010 GUILDNET 199304 6/15/12 000010 GUILDNET 199305 6/15/12 000010 GUILDNET 199306 6/15/12 000010 GUILDNET 199307 6/15/12 000010 GUILDNET Ι 199308 6/15/12 000010 GUILDNET 199309 6/15/12 000010 GUILDNET 199310 6/15/12 000010 GUILDNET

6/15/12 000010 GUILDNET

199311

| | | | YSIDE CITYWIDE | DDG 197 | | | PAGE 2 - | - 30 |)6 |
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| SALES JRI | NL # 0286 | TOG 001 | SUNNYSIDE CITYWIDE | REG NY NY | _ | | GUI GUILDNET | T170 | 6 (00 (10 |
| | | | | SALES REGISTE: | R | | BILL WEEK END | ING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | | | | | ΓΥΡ | SURPLUS |
| 199312 | 6/15/12 | 000010 | GUILDNET | PINILLA, VICTOR | 35.00 | | 508.20 | I | |
| 199313 | 6/15/12 | 000010 | GUILDNET | PRADO, NANCY | 8.00 | | 116.16 | I | |
| 199314 | 6/15/12 | 000010 | GUILDNET | PROANO, ALICIA | 21.00 | | 325.92 | I | |
| 199315 | 6/15/12 | 000010 | GUILDNET | PROANO, BRUNO | 33.00 | | 512.16 | I | |
| 199316 | 6/15/12 | 000010 | GUILDNET | PRYCE, CLYDIA | 8.00 | | 116.16 | I | |
| 199317 | 6/15/12 | 000010 | GUILDNET | RAMOS, ESTHER | 15.00 | | 217.80 | I | |
| 199318 | 6/15/12 | 000010 | GUILDNET | RESTULA, VINCEN | 20.00 | | 290.40 | I | |
| 199319 | 6/15/12 | 000010 | GUILDNET | RIVAS, GERTRUDI | 16.00 | | 232.32 | I | |
| 199320 | 6/15/12 | 000010 | GUILDNET | RODRIGUEZ, FABI | 24.00 | | 348.48 | I | |
| 199321 | 6/15/12 | 000010 | GUILDNET | RODRIGUEZ, HOLG | 64.00 | | 929.28 | I | |
| 199322 | 6/15/12 | 000010 | GUILDNET | ROJAS, ANGEL | 15.00 | | 232.80 | I | |
| 199323 | 6/15/12 | 000010 | GUILDNET | ROJAS, HAYDEE | 20.00 | | 310.40 | I | |
| 199324 | 6/15/12 | 000010 | GUILDNET | RUBIANO, MARIA | 16.00 | | 232.32 | I | |
| 199325 | 6/15/12 | 000010 | GUILDNET | SALJANIN, DILJA | 61.00 | | 885.72 | I | |
| 199326 | 6/15/12 | 000010 | GUILDNET | SANCHEZ, ELIZAB | 43.00 | | 624.36 | I | |
| 199327 | 6/15/12 | 000010 | GUILDNET | SCHILLIS, SAUL | 4.00 | | 58.08 | I | |
| 199328 | 6/15/12 | 000010 | GUILDNET | SHELTON, AGUEDA | 35.00 | | 508.20 | I | |
| 199329 | 6/15/12 | 000010 | GUILDNET | SOMRAJ, UMILLA | 8.00 | | 116.16 | I | |
| 199330 | 6/15/12 | 000010 | GUILDNET | SOTIRIOU, CHRIS | 6.75 | | 98.01 | I | |
| 199331 | 6/15/12 | 000010 | GUILDNET | TOROSSIAN, PARI | 26.50 | | 384.78 | I | |
| 199332 | 5/18/12 | 000010 | GUILDNET | VLAHOS, MARIE | 56.00 | | 813.12 | I | |
| 199333 | 6/15/12 | 000010 | GUILDNET | WEISZ, KLARA | 4.00 | | 58.08 | I | |
| 199334 | 6/15/12 | 000010 | GUILDNET | WEST, BALDWIN | 16.00 | | 232.32 | I | |
| 199335 | 6/08/12 | 000010 | GUILDNET | WHITE, GLORIA | 35.00 | | 508.20 | I | |
| 199336 | 6/15/12 | 000010 | GUILDNET | WHITLEY, MYRNA | 16.00 | | 232.32 | I | |
| 199337 | 6/08/12 | 000010 | GUILDNET | YI, CARLOS | 28.00 | | 406.56 | I | |
| 199338 | 6/15/12 | 000010 | GUILDNET | YIANTSELIS, VIR | 7.00 | | 1,321.04 | I | |
| 199339 | 6/15/12 | 000010 | GUILDNET | ZARE, GLORIA | 44.00 | | 638.88 | I | |
| 199340 | 6/15/12 | 000010 | GUILDNET | ZUMAETA, FANNY | 64.00 | | 929.28 | I | |
| | | | | REFERENCE PINILLA, VICTOR PRADO, NANCY PROANO, ALICIA PROANO, BRUNO PRYCE, CLYDIA RAMOS, ESTHER RESTULA, VINCEN RIVAS, GERTRUDI RODRIGUEZ, FABI RODRIGUEZ, HOLG ROJAS, ANGEL ROJAS, HAYDEE RUBIANO, MARIA SALJANIN, DILJA SANCHEZ, ELIZAB SCHILLIS, SAUL SHELTON, AGUEDA SOMRAJ, UMILLA SOTIRIOU, CHRIS TOROSSIAN, PARI VLAHOS, MARIE WEISZ, KLARA WEST, BALDWIN WHITE, GLORIA WHITLEY, MYRNA YI, CARLOS YIANTSELIS, VIR ZARE, GLORIA ZUMAETA, FANNY CUSTOMER | 2,555.00 | 0.00 | 40,922.80 | | |
| | | | | CATEGORY | 2,555.00 | 0.00 | 40,922.80 | | |

| RUN DATE | 06/20/12 | - SUP SUNN | YSIDE CITYWIDE | REG NY NY SALES REGISTE | | | PAGE 1 | - 3 | 07 |
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| SALES JRN | IL # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | HFS HEALTH F | IRST | |
| | | | | SALES REGISTE | R | | BILL WEEK EN | DING | 6/22/12 |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199341 | 6/15/12 | 000122 | HEALTH FIRST | BEGUM. MANWARA | 28.00 | | 472.64 | т | |
| 199342 | 6/15/12 | 000122 | HEALTH FIRST | BHATRO, KOWSTLT | 56.00 | | 945.28 | T | |
| 199343 | 6/15/12 | 000122 | HEALTH FIRST | BOCHENEC JOLAN | 42 00 | | 708 96 | T | |
| 199344 | 6/15/12 | 000122 | HEALTH FIRST | CARMONA LUZ | 40 00 | | 675 20 | Ť | |
| 199345 | 6/15/12 | 000122 | HEALTH FIRST | CARRIONI, EGE | 48 00 | | 810 24 | T | |
| 199346 | 6/15/12 | 000122 | UEALTH FIRST | CERALLOG ANA | 32 00 | | 540 16 | т т | |
| 199347 | 6/15/12 | 000122 | DEVLLA ELDCA | CEDALLOS, ANA | 30.00 | | 506.10 | | |
| 199348 | 6/15/12 | 000122 | UPALTH FIRST | COPTEC DE CALIN | 12 00 | | 202.56 | T | |
| 199349 | 6/15/12 | 000122 | DEVLLA ELDCA | FCDATITAT AMDA | 22.00 | | 540 16 | | |
| 199350 | 6/15/12 | 000122 | HEALTH FIRST | ESPAILLAI, AMPA | 42.00 | | 700.10 | | |
| 199350 | 6/15/12 | 000122 | HEALIH FIRSI | ESIEVES, JUSE | 42.00 | | 708.90 | | |
| 199351 | | 000122 | HEALIH FIRSI | FERGERSON, IINA | 21.00 | | 354.48 | | |
| | 6/15/12 | 000122 | HEALTH FIRST | FERRERA, FRANCI | 15.00 | | 253.20 | Τ_ | |
| 199353 | 6/15/12 | 000122 | HEALTH FIRST | FONTANES, PEDRO | 49.00 | | 827.12 | <u> </u> | |
| 199354 | 6/15/12 | 000122 | HEALTH FIRST | FRANCISCO, RICH | 56.00 | | 945.28 | Τ_ | |
| 199355 | 6/15/12 | 000122 | HEALTH FIRST | FRIAS, BARBARA | 12.00 | | 202.56 | I | |
| 199356 | 6/15/12 | 000122 | HEALTH FIRST | HENRY, BRENDA | 4.00 | | 67.52 | I | |
| 199357 | 6/15/12 | 000122 | HEALTH FIRST | KAUR, HARBANS | 46.00 | | 776.48 | I | |
| 199358 | 6/15/12 | 000122 | HEALTH FIRST | LAZALA, GLADYS | 49.00 | | 827.12 | I | |
| 199359 | 6/15/12 | 000122 | HEALTH FIRST | LOPEZ-RAMIREZ, | 77.00 | | 1,299.76 | I | |
| 199360 | 6/15/12 | 000122 | HEALTH FIRST | MACARENA, SAHAR | 63.00 | | 1,063.44 | I | |
| 199361 | 6/15/12 | 000122 | HEALTH FIRST | MARTIN, ARIANA | 12.00 | | 202.56 | I | |
| 199362 | 6/15/12 | 000122 | HEALTH FIRST | RIVERA, CHRISTO | 21.00 | | 354.48 | I | |
| 199363 | 6/15/12 | 000122 | HEALTH FIRST | RIVERA, EDDIE | 9.00 | | 151.92 | I | |
| 199364 | 6/15/12 | 000122 | HEALTH FIRST | RODRIGUEZ, MARG | 20.00 | | 337.60 | I | |
| 199365 | 6/15/12 | 000122 | HEALTH FIRST | RUIZ JR, SAMUEL | 16.00 | | 270.08 | I | |
| 199366 | 6/15/12 | 000122 | HEALTH FIRST | SALAZAR, LUZ MA | 56.00 | | 945.28 | I | |
| 199367 | 6/15/12 | 000122 | HEALTH FIRST | SALHUANA, YOLAN | 8.00 | | 135.04 | I | |
| 199368 | 6/15/12 | 000122 | HEALTH FIRST | SPIVEY, PATRICI | 20.00 | | 337.60 | I | |
| 199369 | 6/15/12 | 000122 | HEALTH FIRST | ST ROMAINE, CLA | 49.00 | | 827.12 | I | |
| 199370 | 6/15/12 | 000122 | HEALTH FIRST | SURTEL GERTRUD | 16.00 | | 270.08 | T | |
| 199371 | 6/15/12 | 000122 | HEALTH FIRST | VEGA GLORIA | 32 00 | | 540 16 | T | |
| 199372 | 6/08/12 | 000122 | HEALTH FIRST | WILLIAMS, RODNE | 24.00 | | 405.12 | Ī | |
| | -,, | | | | | | | | |
| | | | | CUSTOMER | 1,037.00 | 0.00 | 17,504.56 | | |
| | | | | 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 FRIAS, BARBARA HENRY, BRENDA KAUR, HARBANS 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 —— CUSTOMER | 1,037.00 | 0.00 | 17,504.56 | | |

| RUN DATE SALES JRN | 06/20/12 IL # 0286 | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE R S A L | EG NY NY | | | PAGE 1 NHP NEIGHBORE | - 30 | 08 HEALTH 6/22/12 |
|-----------------------|-----------------------|-----------------------|---|--------------------|--------|---------|----------------------|------|-------------------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199373 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS AHMED, UMARA | 56.00 | | 945.28 | I | |
| 199374 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS ARDITTO, PATRIC | 30.00 | | 506.40 | I | |
| 199375 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS CHUKWUJIORAH, T | 50.00 | | 844.00 | I | |
| 199376 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS DARWISH, NADIA | 18.00 | | 303.84 | I | |
| 199377 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS DIAZ, CARMEN | 20.00 | | 337.60 | I | |
| 199378 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS FERNANDEZ, MARI | 12.00 | | 202.56 | I | |
| 199379 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS FLORES, MARITZA | 69.00 | | 1,164.72 | I | |
| 199380 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS HAMPTON, PRISCI | 43.00 | | 725.84 | I | |
| 199381 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS JONES, CYNTHIA | 45.00 | | 759.60 | I | |
| 199382 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS KHALIL, RASHAN | 22.00 | | 371.36 | I | |
| 199383 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS KHAN, FARUQUE | 84.00 | | 1,417.92 | I | |
| 199384 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS KROLL, KATHERIN | 39.00 | | 658.32 | I | |
| 199385 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS MORALES FERNAD | 42.00 | | 708.96 | I | |
| 199386 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS OCASIO, VIRGINI | 22.00 | | 371.36 | I | |
| 199387 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS RODRIGUEZ, JESS | 25.00 | | 422.00 | I | |
| 199388 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS RODRIGUEZ, MARI | 12.00 | | 202.56 | I | |
| 199389 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS SALVATO, MARY | 56.00 | | 945.28 | I | |
| 199390 | 6/15/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS SHEPPARD, ERMA | 70.00 | | 1,181.60 | I | |
| 199391 | 6/08/12 | 000120 | NEIGHBORHOOD HEALTH PROVIDE | RS WILSON, SHERYL | 44.00 | | 742.72 | I | |
| | | | NEIGHBORHOOD HEALTH PROVIDE | CUSTOMER | 759.00 | 0.00 | 12,811.92 | | |
| | | | | CATEGORY | 759.00 | 0.00 | 12,811.92 | | |

| | | | YSIDE CITYWIDE | 550 100 | | | - | - 30 | |
|-----------|----------|---------|----------------------|-----------------------------|--------|---------|------------------------------|------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | FID NY CATHO BILL WEEK EN | - , | 6/22/12 |
| | | | | SALES REGISIER | | | DILL MEEV EN | DING | 0/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199392 | 6/15/12 | 000126 | NYS CATHOLIC/FIDELIS | BATISTA, JOSE | 49.00 | | 826.63 | I | |
| 199393 | 6/15/12 | 000126 | NYS CATHOLIC/FIDELIS | BERGES, MARITZA | 27.00 | | 455.49 | I | |
| 199394 | 6/15/12 | 000126 | NYS CATHOLIC/FIDELIS | GIL, ALICIA M | 35.00 | | 590.45 | I | |
| 199395 | 6/15/12 | 000126 | NYS CATHOLIC/FIDELIS | LITMAN, GAIL | 14.00 | | 236.18 | I | |
| 199396 | 6/15/12 | 000126 | NYS CATHOLIC/FIDELIS | MARTINEZ, LUISA | 84.00 | | 1,417.08 | I | |
| 199397 | 6/15/12 | 000126 | NYS CATHOLIC/FIDELIS | PANOS, DESPINA | 63.00 | | 1,062.81 | I | |
| 199398 | 6/15/12 | 000126 | NYS CATHOLIC/FIDELIS | PURNELL, ROSE | 7.00 | | 118.09 | I | |
| 199399 | 6/15/12 | 000126 | NYS CATHOLIC/FIDELIS | SAMOJEDNY, MICH | 30.00 | | 506.10 | I | |
| 199400 | 6/15/12 | 000126 | NYS CATHOLIC/FIDELIS | SZE, BECKY | 31.00 | | 522.97 | I | |
| 199401 | 6/15/12 | 000126 | NYS CATHOLIC/FIDELIS | VARGAS, RAQUEL | 62.00 | | 1,045.94 | I | |
| | | | | CUSTOMER | 402.00 | 0.00 | 6,781.74 | | |
| | | | | CATEGORY | 402.00 | 0.00 | 6,781.74 | | |

| RUN DATE 06/20/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 310 SALES JRNL # 0286 LOC 001 SUNNYSIDE CITYWIDE REG NY NY UHC UNITED HEALTH | | | | | | | | | | | |
|--|----------|---------|--------------------|-----------------|--------|---------|--------------|-----|---------|--|--|
| SALES OWN | 1 # 0200 | пос оот | SOMMISIDE CITIWIDE | SALES REGISTER | | | BILL WEEK EN | | 6/22/12 | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS | | |
| 199402 | 6/15/12 | 000128 | UNITED HEALTH CARE | CALDERON, MIGDA | 70.00 | | 1,201.20 | I | | | |
| 199403 | 6/15/12 | 000128 | UNITED HEALTH CARE | MILLAN, ARMIDA | 53.00 | | 909.48 | I | | | |
| 199404 | 6/15/12 | 000128 | UNITED HEALTH CARE | MUSHAYEV, BORIS | 9.00 | | 154.44 | I | | | |
| 199405 | 6/15/12 | 000128 | UNITED HEALTH CARE | SAFOS, PATRA | 56.00 | | 960.96 | I | | | |
| 199406 | 6/15/12 | 000128 | UNITED HEALTH CARE | YUSUPOV, PULAT | 28.00 | | 480.48 | I | | | |
| | | | | CUSTOMER | 216.00 | 0.00 | 3,706.56 | | | | |
| | | | | CATEGORY | 216.00 | 0.00 | 3,706.56 | | | | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY | | | PAGE 1 - EHP EMBLEM HEA | 3 = = |
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| BALLED OIGN | 11 H 0200 | 100 001 | SONNIGIDE CITIWIDE | SALES REGISTER | | | BILL WEEK ENDI | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | TYP SURPLUS |
| 199407 | 6/15/12 | 000114 | EMBLEM HEALTH | CAMPBELL, CAROL | 21.00 | | 294.00 | I |
| 199408 | 6/15/12 | 000114 | EMBLEM HEALTH | COPE, WILLIE | 83.00 | | 1,162.00 | I |
| 199409 | 6/15/12 | 000114 | EMBLEM HEALTH | GAFFNEY, FREDER | 20.00 | | 280.00 | I |
| 199410 | 6/15/12 | 000114 | EMBLEM HEALTH | HENRIQUEZ, TERE | 20.00 | | 280.00 | I |
| 199411 | 6/15/12 | 000114 | EMBLEM HEALTH | JACKSON, FRANCE | 35.00 | | 490.00 | I |
| 199412 | 6/15/12 | 000114 | EMBLEM HEALTH | KEATON, CATHERI | 83.25 | | 1,165.50 | I |
| 199413 | 6/15/12 | 000114 | EMBLEM HEALTH | REYNOLDS, HARRI | 12.00 | | 168.00 | I |
| 199414 | 4/20/12 | 000114 | EMBLEM HEALTH | WEATHERS, VERDE | 498.25 | | 6,975.50 | I |
| 199415 | 6/15/12 | 000114 | EMBLEM HEALTH | WESTFIELD, BREN | 55.75 | | 780.50 | I |
| | | | | CUSTOMER | 828.25 | 0.00 | 11,595.50 | |
| | | | | CATEGORY | 828.25 | 0.00 | 11,595.50 | |

| RUN DATE | | | YSIDE CITYWIDE | | | | PAGE 1 | | |
|-----------|----------|---------|----------------------------|-------------------|--------|---------|---------------|--------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG NY NY | | | HIP HEALTH IN | ISURAN | CE PLAN |
| | | | S A | LES REGISTER | | | BILL WEEK END | ING | 6/22/12 |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| | | | | | | | | | |
| 199416 | 6/15/12 | 000136 | HEALTH INSURANCE PLAN OF N | Y CIPRIAN, JACQUE | 16.00 | | 270.08 | I | |
| 199417 | 6/15/12 | 000136 | HEALTH INSURANCE PLAN OF N | Y DE JESUS, TIBUR | 53.00 | | 894.64 | I | |
| 199418 | 6/15/12 | 000136 | HEALTH INSURANCE PLAN OF N | Y GOMES, AGUSTINA | 63.00 | | 1,063.44 | I | |
| 199419 | 6/15/12 | 000136 | HEALTH INSURANCE PLAN OF N | Y LOYOLA, MARIA | 35.00 | | 590.80 | I | |
| 199420 | 6/15/12 | 000136 | HEALTH INSURANCE PLAN OF N | Y ORR, LOUISE | 34.00 | | 573.92 | I | |
| 199421 | 6/15/12 | 000136 | HEALTH INSURANCE PLAN OF N | • | 5.00 | | 84.40 | I | |
| 199422 | 6/15/12 | 000136 | HEALTH INSURANCE PLAN OF N | • | 20.00 | | 337.60 | T | |
| 199423 | 6/15/12 | 000136 | HEALTH INSURANCE PLAN OF N | | 20.00 | | 337.60 | T | |
| 199424 | 6/15/12 | 000136 | HEALTH INSURANCE PLAN OF N | | 16.00 | | 270.08 | T | |
| | 0,10,11 | 000100 | | | | | | | |
| | | | | CUSTOMER | 262.00 | 0.00 | 4,422.56 | | |
| | | | | | | | | | |
| | | | | CATEGORY | 262.00 | 0.00 | 4,422.56 | | |

| RUN DATE (| / - / | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - HPS HEALTH PLUS BILL WEEK ENDING | |
|--|---|--|--|---|--|---------|--|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TYP | SURPLUS |
| 199425 199426 199427 199428 199429 | 6/15/12 6/15/12 6/15/12 6/15/12 6/15/12 | 000138 000138 000138 000138 000138 | HEALTH PLUS PHSP,INC HEALTH PLUS PHSP,INC HEALTH PLUS PHSP,INC HEALTH PLUS PHSP,INC HEALTH PLUS PHSP,INC | DENNISON, KELVI ESPERSON, CLAUD HARDING, EDNA WALTERS, BYRON YOUNG, KALEILE | 12.00 8.00 12.00 16.00 12.00 | | 204.00 I 136.00 I 204.00 I 272.00 I 204.00 I | |
| | | | | CUSTOMER | 60.00 | 0.00 | 1,020.00 | |
| | | | | CATEGORY | 60.00 | 0.00 | 1,020.00 | |

| | 06/20/12 - L # 0286 | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REGNY NY SALES REGISTER | | | PAGE 1 - MPH METROPLUS H | 314 HEALTH |
|----------|------------------------|---------|--------------------------------------|----------------------------|--------|---------|-----------------------------|---------------|
| | | | | SALES REGISTER | | | BILL WEEK ENDIN | NG 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT TY | YP SURPLUS |
| 199430 | 6/15/12 | 000130 | METROPLUS HEALTH | AKHTER, SELINA | 45.00 | | 771.75 | Ι |
| 199431 | 6/15/12 | 000130 | METROPLUS HEALTH | ANDERSON, BETH | 26.00 | | 445.90 | I |
| 199432 | 6/15/12 | 000130 | METROPLUS HEALTH | ARIAS, NORA | 68.00 | | 1,166.20 | I |
| 199433 | 6/15/12 | 000130 | METROPLUS HEALTH | BEDOYA, MONICA | 14.00 | | 240.10 | I |
| 199434 | 6/15/12 | 000130 | METROPLUS HEALTH | BRACERO, HELEN | 56.00 | | 960.40 | Ι |
| 199435 | 6/15/12 | 000130 | METROPLUS HEALTH | BRIGGS, LOUIS | 42.00 | | 720.30 | Ι |
| 199436 | 6/15/12 | 000130 | METROPLUS HEALTH | CORDERO, ROSEND | 70.00 | | 1,200.50 | Ι |
| 199437 | 6/15/12 | 000130 | METROPLUS HEALTH | DAVIS, ANGIE | 133.00 | | 2,280.95 | Ι |
| 199438 | 6/15/12 | 000130 | METROPLUS HEALTH | DURHAM, CYNTHIA | | | 205.80 | Ι |
| 199439 | 6/15/12 | 000130 | METROPLUS HEALTH | GALAS, TERESA | | | 600.25 | Ι |
| 199440 | 6/08/12 | 000130 | METROPLUS HEALTH | MURDOCK, GERTRU | | | 823.20 | Ι |
| 199441 | 6/15/12 | 000130 | METROPLUS HEALTH | PERSAD, USHA | | | 1,029.00 | Ι |
| 199442 | 6/15/12 | 000130 | METROPLUS HEALTH | PUCHUELA, MARIA | 56.00 | | 960.40 | Ι |
| 199443 | 6/15/12 | 000130 | METROPLUS HEALTH | RAMPERSAID, ALI | 21.00 | | 360.15 | I |
| 199444 | 6/15/12 | 000130 | METROPLUS HEALTH | RYALS, CHARLES | 11.00 | | 188.65 | I |
| 199445 | 6/01/12 | 000130 | METROPLUS HEALTH | SANTORO, MATTHE | 66.00 | | 1,131.90 | |
| 199446 | 6/15/12 | 000130 | METROPLUS HEALTH | SHUMON, NUK-FNU | 28.00 | | 480.20 | I |
| 199447 | 6/15/12 | 000130 | METROPLUS HEALTH | VALLE, BLASINA | 29.00 | | 497.35 | Ι |
| | | | | CUSTOMER | 820.00 | 0.00 | 14,063.00 | |
| | | | | | | | | |
| | | | | CATEGORY | 820.00 | 0.00 | 14,063.00 | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE | | | | | PAGE 1 | - 31 | .5 |
|-----------|------------|------------|----------------------|------|-----------------|--------|---------|---------------|------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE | REG | NY NY | | | WEL WELCARE O | F NY | |
| | | | | SALE | S REGISTEF | 3 | | BILL WEEK END | ING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199448 | 6/15/12 | 000124 | WELCARE OF NEW YORK, | INC. | GENAO, DANIELA | 55.00 | | 946.00 | I | |
| 199449 | 6/15/12 | 000124 | WELCARE OF NEW YORK, | INC. | GUERRERO, MIRTH | 49.00 | | 842.80 | I | |
| 199450 | 6/15/12 | 000124 | WELCARE OF NEW YORK, | INC. | MARTINEZ, MARIA | 36.00 | | 619.20 | I | |
| 199451 | 6/15/12 | 000124 | WELCARE OF NEW YORK, | INC. | RAMIREZ, ALIDA | 54.00 | | 928.80 | I | |
| | | | | | CUSTOMER | 194.00 | 0.00 | 3,336.80 | | |
| | | | | | CATEGORY | 194.00 | 0.00 | 3,336.80 | | |

| | | | TYSIDE CITYWIDE | | | | | | 316 |
|-----------|-----------|---------|-----------------------|------------|-----------------|-------|---------|----------------|------------|
| SALES JRI | NL # 0286 | TOG 001 | SUNNYSIDE CITYWIDE | REG I | | | | NPS NY PRESBYT | |
| | | | | 0 11 2 2 . | | | | | , , |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| 199452 | 6/15/12 | 000134 | NY-PRESBYTERIAN SYSTE | EM SELECT | KARASSAVIDES, A | 28.00 | | 480.48 | I |
| | | | | | | | | | |
| | | | | | CATEGORY | 28.00 | 0.00 | 480.48 | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY | NY | | | PAGE 1 AMG AMERIGRO | - 31 UP | .7 |
|-----------------------|---------|-----------------------|--------------------------------------|--------|----------------|--------|---------|------------------------|------------|---------|
| | | | | SALES | REGISTER | ? | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | R | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199453 | 6/15/12 | 000132 | AMERIGROUP | ES | SPERSON, CLAUD | 4.00 | | 67.48 | I | |
| 199454 | 6/15/12 | 000132 | AMERIGROUP | FE | RNANDEZ, NORK | 42.00 | | 708.54 | I | |
| 199455 | 6/15/12 | 000132 | AMERIGROUP | GU | JERRA, LORRAIN | 60.00 | | 1,012.20 | I | |
| 199456 | 6/15/12 | 000132 | AMERIGROUP | HA | ARDING, EDNA | 6.00 | | 101.22 | I | |
| 199457 | 6/15/12 | 000132 | AMERIGROUP | HA | ARDING, EDNA | 12.00 | | 202.44 | I | |
| 199458 | 6/15/12 | 000132 | AMERIGROUP | HA | AWKINS S, MA | 46.00 | | 776.02 | I | |
| 199459 | 6/15/12 | 000132 | AMERIGROUP | WA | ALTERS, BYRON | 9.00 | | 151.83 | I | |
| 199460 | 6/15/12 | 000132 | AMERIGROUP | YC | OUNG, KALEILE | 6.00 | | 101.22 | I | |
| | | | | | CUSTOMER | 185.00 | 0.00 | 3,120.95 | | |
| | | | | | CATEGORY | 185.00 | 0.00 | 3,120.95 | | |

| RUN DATE | 06/20/12 - | - SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG S A L E | | | | PAGE 1 | - 31 | .8 |
|------------|------------|------------|--|--|--------|---------|---------------|---------|-------------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE REG | NY NY | | | PAR PRIVATE | | |
| | | | SALE | S REGISTER | | | BILL WEEK ENI | DING | 6/22/12 |
| T1770 T GT | D | G11GE 310 | | | | | | | G11D D1 11G |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199461 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | BLESSINGER, DOU CAGAN, RUMANDO CAIALA, SALLY GRECH, JANE KOZHUSHICO, ROZ MANIACE, AGNES MANIACE, VINCEN MARINOS, IRENE | 8.00 | | 116.00 | I | |
| 199462 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | CAGAN, RUMANDO | 4.00 | | 54.00 | I | |
| 199463 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | CAIALA, SALLY | 4.00 | | 58.00 | I | |
| 199464 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | GRECH, JANE | 4.00 | | 58.00 | I | |
| 199465 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | KOZHUSHICO, ROZ | 4.00 | | 58.00 | I | |
| 199466 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | MANIACE, AGNES | 4.00 | | 58.00 | I | |
| 199467 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | MANIACE, VINCEN | 6.00 | | 87.00 | I | |
| 199468 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | MARINOS, IRENE | 4.00 | | 54.00 | Ī | |
| 199469 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | MARTIN, RUTH | 8.00 | | 108.00 | I | |
| 199470 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | MARTIN, RUTH MONTELIONE, CAL ROCSIN, FLORICA | 8.00 | | 108.00 | I | |
| 199471 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | ROCSIN, FLORICA | 20.00 | | 290.00 | I | |
| 199472 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | TEODORU, MIRELL | 8.00 | | 116.00 | I | |
| 199473 | 6/15/12 | 000002 | SUNNYSIDE COMMUNITY SERVICES | TEODORU, MIRELL TUCCI, DOROTHY | 8.00 | | 116.00 | I | |
| | ., ., | | | | | | | | |
| | | | | CUSTOMER | 90.00 | 0.00 | 1,281.00 | | |
| 199474 | 6/15/12 | 000040 | DUISIN, CHRISTINE | DUISIN, XENIA | 20.00 | | 310.00 | I | |
| | | | | | | | | | |
| 199475 | 6/15/12 | 000049 | ELIZABETH SETON PEDIATRIC CTR | DIOP, SERIGNE | 25.00 | | 344.75 | I | |
| 199476 | 6/15/12 | 000049 | ELIZABETH SETON PEDIATRIC CTR ELIZABETH SETON PEDIATRIC CTR | MORSHELINA, NAS | 15.00 | | 206.85 | I | |
| | | | | | | | | | |
| | | | | CUSTOMER | 40.00 | 0.00 | 551.60 | | |
| 199477 | 6/15/10 | 000078 | MCDERMOTT, LOUISE | MODERNORR LOIL | 0 00 | | 104 00 | - | |
| 1994// | 6/15/12 | 000078 | MCDERMOII, LOUISE | MCDERMOII, LOUI | 8.00 | | 124.00 | Т | |
| | | | | | | | | | |
| | | | | CATEGORY | 158.00 | 0.00 | 2,266.60 | | |
| 1 | | | | | | | , | | |

| RUN DATE | | | TYSIDE CITYWIDE | DEC NV NV | | | | - 31 | |
|-----------|----------|---------|------------------------|---------------------------|--------|---------|----------------------------|------|---------|
| SALES JRN | L # U286 | LOC 001 | SUNNYSIDE CITYWIDE S. | REGNY NY ALES REGISTER | | | CAS CHILDREN BILL WEEK ENI | | 6/22/12 |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199478 | 6/15/12 | 000088 | CHILDREN'S AID SOCIETY | DUNNE, MYEISHA | 25.00 | | 387.50 | I | |
| 199479 | 6/01/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, GENEVIEVE | 4.00 | | 62.00 | I | |
| 199480 | 6/01/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, GENEVIEVE | 2.00 | | 31.00 | I | |
| 199481 | 6/08/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, GENEVIEVE | 6.00 | | 93.00 | I | |
| 199482 | 6/15/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, GENEVIEVE | 6.00 | | 93.00 | I | |
| 199483 | 6/01/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, MARANGELI | 4.00 | | 62.00 | I | |
| 199484 | 6/01/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, MARANGELI | 2.00 | | 31.00 | I | |
| 199485 | 6/08/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, MARANGELI | 6.00 | | 93.00 | I | |
| 199486 | 6/15/12 | 000088 | CHILDREN'S AID SOCIETY | GIL, MARANGELI | 6.00 | | 93.00 | I | |
| 199487 | 6/15/12 | 000088 | CHILDREN'S AID SOCIETY | SALAS, HELENA | 27.75 | | 430.13 | I | |
| 199488 | 6/15/12 | 000088 | CHILDREN'S AID SOCIETY | VARGAS, BRANDON | 27.00 | | 418.50 | I | |
| 199489 | 6/08/12 | 000088 | CHILDREN'S AID SOCIETY | VARGAS, JOHN | 6.00 | | 93.00 | I | |
| 199490 | 6/15/12 | 000088 | CHILDREN'S AID SOCIETY | VARGAS, JOHN | 20.75 | | 321.63 | I | |
| | | | | CUSTOMER | 142.50 | 0.00 | 2,208.76 | | |
| | | | | CATEGORY | 142.50 | 0.00 | 2,208.76 | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | NYSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY S A L E S | NY REGISTER | | | PAGE 1 PAR PRIVATE BILL WEEK EN | - 32 DING | 6/22/12 |
|-----------------------|---------|-----------------------|---------------------------------------|---------------------|----------------|-------|---------|---------------------------------------|--------------|---------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | ; | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199491 | 6/15/12 | 000098 | MILDRED PANSE | P. | ANSE, MILDRED | 20.00 | | 310.00 | I | |
| | | | | | CATEGORY | 20.00 | 0.00 | 310.00 | | |

| RUN DATE 0 SALES JRNL | | SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTER | | | PAGE 1 - ELD ELDERSERVE BILL WEEK ENDI | |
|--------------------------|--------------------|---------------------|--------------------------------------|--------------------------------|----------------|---------|--|------------|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT T | YP SURPLUS |
| | 6/15/12 6/15/12 | 000101 000101 | ELDERSERVEHEALTH ELDERSERVEHEALTH | BEAN, ELMIRA BLACK, DOROTHY | 25.00 15.50 | | 356.25 220.88 | I I |
| | | | | CUSTOMER | 40.50 | 0.00 | 577.13 | |
| | | | | CATEGORY | 40.50 | 0.00 | 577.13 | |

| RUN DATE SALES JRN | | | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | REG NY NY SALES REGISTI | E R | | PAGE 1 PAR PRIVATE BILL WEEK ENI | - 32 DING | 6/22/12 | |
|-----------------------|---------|---------|--------------------------------------|----------------------------|-----------|---------|--|--------------|---------|--|
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS | |
| 199494 | 6/15/12 | 000143 | ETTORE COPPOLA | COPPOLA, ETTORE | 15.75 | | 250.13 | I | | |
| 199495 | 6/15/12 | 000145 | LARRY EISENBERG | BERGER, TESS | 53.00 | | 848.50 | I | | |
| | | | | - CATEGORY | 68.75 | 0.00 | 1,098.63 | | | |

| RUN DATE SALES JRN | | - SUP SUNN LOC 001 | YSIDE CITYWIDE SUNNYSIDE CITYWIDE | E REG SALE | | | | PAGE 1 CCM COMPREHEN BILL WEEK ENI | | 23 CARE MGMT 6/22/12 |
|-----------------------|---------|-----------------------|--------------------------------------|---------------|-----------------|-------|---------|------------------------------------|------|----------------------------|
| | | | | SALE | S KEGISIEK | | | DILL MEEV ENI | JING | 0/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199496 | 6/15/12 | 000150 | COMPREHENSIVE CARE | MANAGEMENT | BONES, ANA | 20.00 | | 282.00 | I | |
| 199497 | 6/15/12 | 000150 | COMPREHENSIVE CARE | MANAGEMENT | GARCIA, MARIA | 23.75 | | 334.88 | I | |
| 199498 | 6/15/12 | 000150 | COMPREHENSIVE CARE | MANAGEMENT | MELAMED, ESTER | 16.00 | | 225.60 | I | |
| 199499 | 6/15/12 | 000150 | COMPREHENSIVE CARE | MANAGEMENT | ROSARIO, CELEST | 36.00 | | 507.60 | I | |
| | | | | | CUSTOMER | 95.75 | 0.00 | 1,350.08 | | |
| | | | | | CATEGORY | 95.75 | 0.00 | 1,350.08 | | |

| RUN DATE SALES JRN | | SUP SUNN | YSIDE CITYWIDE SUNNYSIDE CITYWIDE REG | | | | PAR PRIVATE | - 32 | |
|----------------------------|-------------------------------|----------------------------|--|---|-------------------------|---------|----------------------------|-------------|---------|
| | | | SALE | SREGISTER | | | BILL WEEK EN | DING | 6/22/12 |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199500 199501 | 6/08/12 6/15/12 | 000155 000155 | ROSEMARY JIBAJA ROSEMARY JIBAJA | JIBAJA, ROSEMAR JIBAJA, ROSEMAR | 12.00 168.00 | | 186.00 2,676.00 | I I | |
| | | | | CUSTOMER | 180.00 | 0.00 | 2,862.00 | | |
| 199502 | 6/15/12 | 000165 | ALZHEIMER'S ASSOCIATION | TUCCI, DOROTHY | 4.00 | | 62.00 | I | |
| 199503 | 6/15/12 | 000167 | AMY L. WELTMAN | LUSKIND, FRANCE | 7.00 | | 1,338.00 | I | |
| 199504 | 6/15/12 | 002215 | KEITH SALMON | LAWRANCE, LILLA | 20.00 | | 322.00 | I | |
| 199505 | 6/15/12 | 003108 | NIGRO, CATHERINE | NIGRO, CATHERIN | 20.00 | | 310.00 | I | |
| 199506 | 6/15/12 | 003743 | VICTOR NICASSIO | NICASSIO, VICTO | 9.00 | | 139.50 | I | |
| 199507 199508 | 6/08/12 6/15/12 | 004784 004784 | CAMILLERI, JOSEPH CAMILLERI, JOSEPH | CAMILLERI, JOSE CAMILLERI, JOSE | 5.00 20.00 | | 67.50 270.00 | I | |
| | | | | CUSTOMER | 25.00 | 0.00 | 337.50 | | |
| 199509 | 6/15/12 | 006337 | STEPHEN EDEL | EDEL, CANDACE | 79.75 | | 1,260.13 | I | |
| 199510 | 6/15/12 | 007630 | MAUREEN MAIORANA | MAIORANA, MAURE | 8.00 | | 130.00 | I | |
| 199511 | 6/15/12 | 007631 | MICHAEL MAIRANO | MAIORANA, MICHE | 12.00 | | 195.00 | I | |
| 199512 | 6/15/12 | 007883 | ABBAMONTE, RUTH | ABBAMONTE, RUTH | 6.00 | | 99.00 | I | |
| 199513 | 6/15/12 | 009498 | LOUIS LE NOACH | LENOACH, LOUIS | 9.00 | | 148.50 | I | |
| 199514 | 6/15/12 | 009566 | ELIZABETH CERNY | CERNY, ELIZABET | 20.00 | | 310.00 | I | |
| 199515 | 6/15/12 | 009605 | OLGA OBYMAKO | OBYMAKO, OLGA | 6.00 | | 93.00 | I | |
| 199516 199517 199518 | 5/18/12 6/01/12 6/15/12 | 009752 009752 009752 | PETER CAPORASO PETER CAPORASO PETER CAPORASO | CAPORASO, VINCE CAPORASO, VINCE CAPORASO, VINCE | 12.00 12.00 24.00 | | 204.00 204.00 408.00 | I I I | |
| | | | | CUSTOMER | 48.00 | 0.00 | 816.00 | | |
| 199519 | 6/15/12 | 009854 | HELEN TAYLOR | HERNANDEZ, FRAN | 4.00 | | 62.00 | I | |
| 199520 | 6/15/12 | 010269 | ANGELINA MARASA | MARASA, ANGELIN | 9.00 | | 139.50 | I | |
| 199521 | 6/15/12 | 010352 | BETTIE GIACOMO | GIACOMO, BETTIE | 4.00 | | 62.00 | I | |
| 199522 199523 | 6/08/12 6/15/12 | 010375 010375 | DOMINICA IRAOLA DOMINICA IRAOLA | IRAOLA, LILIAN IRAOLA, LILIAN | 6.00 | | 97.50 527.01 | I I | |
| | | | | CUSTOMER | 40.00 | 0.00 | 624.51 | | |

| | | | YSIDE CITYWIDE | | | | - | - 32 | 25 |
|-----------|----------|---------|-----------------------------------|----------------------|-----------|---------|--------------------------|------|---------|
| SALES JRN | L # 0286 | LOC 001 | SUNNYSIDE CITYWIDE REG S A L E | GNY NY ES REGISTE | E R | | PAR PRIVATE BILL WEEK EN | DING | 6/22/12 |
| | | | | | | | | | |
| INVOICE# | DATE | CUST NO | CUSTOMER NAME | REFERENCE | HOURS | TAX AMT | AMOUNT | TYP | SURPLUS |
| 199524 | 6/15/12 | 010529 | STEPHEN WEISS | WEISS, STELLA | 4.00 | | 68.00 | I | |
| 199525 | 6/15/12 | 010530 | DANA SITILDES | ANSELMI, PETER | 28.00 | | 446.00 | I | |
| 199526 | 6/15/12 | 010677 | ALZHEIMER'S ASSOCIATION | MONTELIONE, CAL | 4.00 | | 62.00 | I | |
| 199527 | 6/15/12 | 010735 | MIGUEL ONATE | ONATE, MIGUEL | 3.00 | | 46.50 | I | |
| | | | | - | | | | | |
| | | | | CATEGORY | 549.75 | 0.00 | 9,933.14 | | |
| | | | | LOCATION | 23,188.25 | 0.00 | 356,164.38 | | |
| | | | | COMPANY | 23,188.25 | 0.00 | 356,164.38 | | |

RUN DATE 06/20/12 - SUP SUNNYSIDE CITYWIDE PAGE 1 - 326
SALES JRNL # 0286 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE

JRNL # 0286 LOC 001 SUNNYSIDE CITYWIDE REG NY NY PAR PRIVATE
S A L E S R E G I S T E R BILL WEEK ENDING 6/22/12

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

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