<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Vendor City</th>
<th>Vendor State</th>
<th>Vendor Zip Code</th>
<th>Payment Amount</th>
<th>Invoice #</th>
<th>Account Class</th>
<th>Account</th>
<th>Grant/Program Number</th>
<th>Object Number</th>
<th>Reason for Payment</th>
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<tr>
<td>A&amp;T Diehn Enterprises, LLC</td>
<td>21902 451st Ave</td>
<td>Arlington</td>
<td>MN</td>
<td>55307</td>
<td>$ 800.00</td>
<td>3/12/2019</td>
<td>MRC</td>
<td>Professional Services</td>
<td>501</td>
<td>6265</td>
<td>Professional Services</td>
</tr>
<tr>
<td>A&amp;T Diehn Enterprises, LLC</td>
<td>21902 451st Ave</td>
<td>Arlington</td>
<td>MN</td>
<td>55307</td>
<td>$ 400.00</td>
<td>3/17/2019</td>
<td>MRC</td>
<td>Professional Services</td>
<td>501</td>
<td>6265</td>
<td>Professional Services</td>
</tr>
<tr>
<td>Conway, Deuth &amp; Schmiesing, PLLC</td>
<td>820 Sibley Ave N</td>
<td>Litchfield</td>
<td>MN</td>
<td>55355</td>
<td>$ 1,438.00</td>
<td>260374</td>
<td>Local Public Health Grant</td>
<td>Professional Services</td>
<td>100</td>
<td>6265</td>
<td>Professional Services</td>
</tr>
<tr>
<td>Diane Winter</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 35.00</td>
<td>3/12/2019</td>
<td>Emergency Preparedness</td>
<td>Dues &amp; Registrations Fees</td>
<td>502</td>
<td>6245</td>
<td>Registration Fees</td>
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<tr>
<td>Hunters Ridge Community Church</td>
<td>850 School Road SW</td>
<td>Hutchinson</td>
<td>MN</td>
<td>55350</td>
<td>$ 180.00</td>
<td>1st qtr</td>
<td>WIC Peer Grant</td>
<td>Meeting Expense</td>
<td>234</td>
<td>6353</td>
<td>Meeting Expense</td>
</tr>
<tr>
<td>McLeod County Auditor-Treasurer</td>
<td>830 11th St E, Suite 110</td>
<td>Glencoe</td>
<td>MN</td>
<td>55338</td>
<td>$ 3,869.55</td>
<td>6206</td>
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<td>6265</td>
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<tr>
<td>Meeker County Administrator</td>
<td>325 Sibley Ave N</td>
<td>Litchfield</td>
<td>MN</td>
<td>55355</td>
<td>$ 2,400.00</td>
<td>1904</td>
<td>Local Public Health Grant</td>
<td>Other Charges &amp; Services</td>
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<td>Rent</td>
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<tr>
<td>Meeker County Public Health</td>
<td>114 N Holcombe Ave, Suite 250</td>
<td>Litchfield</td>
<td>MN</td>
<td>55355</td>
<td>$ 10,535.00</td>
<td>3/15/2019</td>
<td>Local Public Health Grant</td>
<td>Professional Services</td>
<td>100</td>
<td>6265</td>
<td>Professional Services</td>
</tr>
<tr>
<td>DATE</td>
<td>DESCRIPTION</td>
<td>CHARGES</td>
<td>CREDITS</td>
<td>ACCOUNT BALANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------</td>
<td>---------</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/12/2019</td>
<td>QPR Class Ridgewater College, Hutchinson (15)</td>
<td>$400.00</td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>3/12/2019</td>
<td>QPR Class Ridgewater Nursing Students (21)</td>
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<td></td>
<td>$800.00</td>
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</table>

Program: 501 MLC
Account #: 6265
Description: Prof. Services
Approved by: [Signature]
<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>CHARGES</th>
<th>CREDITS</th>
<th>ACCOUNT BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/17/2019</td>
<td>QPR Class St. Peter's Lutheran Church, Gibbon</td>
<td>$400.00</td>
<td></td>
<td>$400.00</td>
</tr>
</tbody>
</table>

Program: 501 MDC
Account #: 6245
Description: Prof. Services
Approved by: DWD
CONWAY, DEUTH & SCHMIESING, PLLP
CPAS & ADVISORS
WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311
BENSON 1209 Pacific Ave, Ste 3, Benson, MN 56215 | (320) 843-2302
MORRIS 401 Atlantic Ave, Morris, MN 56267 | (320) 589-2602
LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975
SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH
SERVICES
114 N HOLCOMBE #250
LITCHFIELD, MN  55355

Invoice:  260374
Date:    03/08/2019
Due Date: 03/22/2019
Client ID: L16175
Amount Due: $1,438.00

Invoice Date: 03/08/2019
MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH
SERVICES
Invoice #260374

CDSA
PROVISION OF MONTHLY FLEX BENEFITS SERVICES FOR THE MONTH OF FEBRUARY 2019. 55.00
PROVISION OF COBRA ON-DEMAND SERVICES FOR THE MONTH OF FEBRUARY 2019. 38.00
PROVISION OF HR ON-DEMAND SERVICES FOR THE MONTH OF FEBRUARY 2019. 40.00

CDS
PREPARATION OF 2/13, 2/27/2019 AND SEVERANCE PAYROLLS AS WELL AS RELATED PAYROLL TAX DEPOSITS. 190.00
FEBRUARY 2019 INVOICE PROCESSING/BILL PAY PER PROPOSAL. 215.00
JANUARY AND FEBRUARY BANK RECONCILIATION 100.00
JANUARY FISCAL REPORTS FOR BOARD 265.00
JANUARY EXPENSE REPORTS 270.00
FEBRUARY EXPENSE REPORTS 270.00
ANNUAL AUDIT ASSISTANCE, INCLUDING PREPARATION AND MEETING WITH AUDITOR - AS NEEDED PER PROPOSAL (18.75 HOURS). 2,625.00

CONWAY, DEUTH & SCHMIESING, PLLP
WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311
BENSON 1209 Pacific Ave, Ste 3, Benson, MN 56215 | (320) 843-2302
MORRIS 401 Atlantic Ave, Morris, MN 56267 | (320) 589-2602
LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975
SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565
MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH SERVICES
114 N HOLCOMBE #250
LITCHFIELD, MN 55355

CONWAY, DEUTH & SCHMIESING, PLLP
CPAS & ADVISORS
WILLMAR 331 3rd St SW, Ste 2, PO Box 570, Willmar, MN 56201 | (320) 235-3311
BENSON 1209 Pacific Ave, Ste 3, Benson, MN 56215 | (320) 843-2302
MORRIS 401 Atlantic Ave, Morris, MN 56267 | (320) 589-2602
LITCHFIELD 820 Sibley Ave N, Litchfield, MN 55355 | (320) 693-7975
SARTELL 2351 Connecticut Ave, Ste 110, Sartell, MN 56377 | (320) 252-7565

Invoice: 260374
Date: 03/08/2019
Due Date: 03/22/2019
Client ID: L16175

CAPITALIZATION POLICY ASSISTANCE AND DEPRECIATION TRACKING SET UP
55.00

ADDITIONAL ADJUSTMENTS TO 2018 REPORTS, INCLUDING ADDING ACCOUNTS AND RECODING EXPENSES
260.00

CORRESPONDENCE WITH SECURITY BANK TO GET COPIES OF CHECKS FOR RELIANCE STANDARD AND RELATED ISSUES WITH ONLINE BILL PAY
55.00

New Charges $4,438.00

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount Due</th>
</tr>
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<tbody>
<tr>
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<td>4,438.00</td>
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<tr>
<td>Amount Due</td>
<td>1,438.00</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
</tr>
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<tr>
<td>03/08/2019</td>
<td>4,438.00</td>
</tr>
<tr>
<td>02/28/2019</td>
<td>0.00</td>
</tr>
<tr>
<td>01/31/2019</td>
<td>(3,000.00)</td>
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<tr>
<td>12/31/2018</td>
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<tr>
<td>11/30/2018+</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Total $1,438.00
# Claim Form

**Vendor Name**: Diane Winter  
**Vendor Address**: [Redacted]  
**Date**: 03/12/2019  
**Account No.**  
**Amount**: 35.00  
**Description**: Registration Julie Kloeckl--South Central EP Conference  
**Invoice No.**  
**Service Period**  

- Paid by check #16230

---

**Grand Total**: $ 35.00

---

**Verification**

I declare under the penalties of perjury that I am Diane Winter of the firm making the within claim; that I have examined said claim and that the same is just and true; that the money therein charged was actually paid for the purposes therein stated; that the property therein charged was actually delivered or used for the purposes therein stated, and was of the value therein charged; that the services therein charged were actually rendered and were of the value therein charged; that the fees therein charged are official and are such as are allowed by law; and that no part of said claim has been paid.

**Signature of Claimant**: [Redacted]

---

(This area to be completed by Auditor's Office.)

---

**Warrant No.**  
**Amount of Claim**:  
**Vendor**  
**County Auditor**:  
**Meeker County, Minnesota**  
**Paid**: 20
PLEASE COMPLETE FOR EACH PARTICIPANT. REGISTRATION MUST BE RETURNED BY APRIL 15, 2019.

MAIL TO: South Central Emergency Preparedness Conference, P.O. Box 1913, Mankato, MN 56002-1913

Phone: 320-510-4839

Occupation: PHM Coordinator (M)

PLEASE PRINT LEGIBLY. After April 15, 2019, registration fee is $50.

SHARED BUSINESS CARDS TO BE BRING BUSINESS CARDS TO

CONFERENCE. PLEASE PRINT LEGIBLY. After April 15, 2019, registration fee is $50.

AGENDA

North Mankato, MN
Conference Center
Southeast College
8:30 a.m. - 4:00 p.m.
Wednesday, May 1, 2019

Please bring business cards to

conference. Please print legibly. After April 15, 2019, registration fee is $50.

AGENDA

North Mankato, MN
Conference Center
Southeast College
8:30 a.m. - 4:00 p.m.
Wednesday, May 1, 2019

Please bring business cards to

conference. Please print legibly. After April 15, 2019, registration fee is $50.

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conference. Please print legibly. After April 15, 2019, registration fee is $50.

AGENDA

North Mankato, MN
Conference Center
Southeast College
8:30 a.m. - 4:00 p.m.
Wednesday, May 1, 2019

Please bring business cards to

conference. Please print legibly. After April 15, 2019, registration fee is $50.
Program: 502
Account #: 6245
Description: Registration Fees
Approved by: [signature]
March 18, 2019

Jessica Remington
Meeker - McLeod - Sibley Community Health Services
1805 Ford Ave. N. Ste.200
Glencoe, MN 55336

Invoice

Use of Fellowship Hall for “Mom’s Like You” Breastfeeding Support Group

<table>
<thead>
<tr>
<th>Date of Use</th>
<th>Number of Hours</th>
<th>Per Hour</th>
<th>Total Due</th>
<th>Total Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-19-19</td>
<td>2</td>
<td>$30.00</td>
<td>$60.00</td>
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</tr>
<tr>
<td>2-16-19</td>
<td>2</td>
<td>$30.00</td>
<td>$60.00</td>
<td></td>
</tr>
<tr>
<td>3-16-19</td>
<td>2</td>
<td>$30.00</td>
<td>$60.00</td>
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</tr>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Total Due $180.00

Program: WIC Peer Group
Account #: 6353
Description: Meeting Expense
Approved by: [Signature]
McLeod County
Invoice

(McLeod County Auditor-Treasurer)

Mail to: McLeod County Finance
830 11th St E, Suite 110
Glencoe, MN 55336

INVOICE NUMBER
6206

Name: MMS CHS
Address: PO BOX 237
GAYLORD MN 55334

Invoice Date | Invoice Amount
-------------|-----------------|
03/05/19     | $3,869.55

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/5/2019</td>
<td>2018 PH DOC SUPPORT</td>
<td>3,869.55</td>
</tr>
</tbody>
</table>

TOTAL $3,869.55

TERMS: Due upon Receipt

ACCOUNT DISTRIBUTION (For office use only)

<table>
<thead>
<tr>
<th>ACCOUNT NUMBER</th>
<th>AMOUNT</th>
<th>DESCRIPTION</th>
<th>INVOICE NO.</th>
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<tbody>
<tr>
<td>01-065-5501</td>
<td>3,869.55</td>
<td>2018 PH DOC SUPPORT</td>
<td>6206</td>
</tr>
</tbody>
</table>

Program: LPHG 180
Account #: 6205
Description: Prof. Security
Approved by: [Signature]

McLeod County-Equal Opportunity Employer
MEEKER COUNTY
Meeker County Administrator

325 Sibley Avenue North
Litchfield, MN 55355
P 320-693-5200 | F 320-693-5287

BILL TO:
Diane Winter, Interim Director
MMS Community Health Board
114 Holcombe Ave N, #250
Litchfield, MN 55355

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>MONTHS</th>
<th>RATE</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>2nd quarter 2019 office rent @ Meeker Co FSC for Apr-Jun 2019</td>
<td>3.00</td>
<td>$800.00</td>
<td>$2,400.00</td>
</tr>
</tbody>
</table>

Program: LPHG 100
Account #: 6164 76350
Description: Rent
Approved by: [Signature]

DATE: March 4, 2019
INVOICE #: 1904
DUE DATE: April 1, 2019

SUBTOTAL: $2,400.00
TAX RATE: 
SALES TAX: $
OTHER: 
TOTAL: $2,400.00

Remit to:

MEEKER COUNTY TREASURER: 325 Sibley Avenue North, Litchfield, MN 55355

THANK YOU FOR YOUR BUSINESS!
INVOICE
Meeker County Public Health
114 N. Holcombe, Suite 250
Litchfield, MN 55355
(320) 693-5370

To: Meeker-McLeod-Sibley CHS
114 N. Holcombe Ave
Litchfield, MN 55355

Invoice date: 3/15/2019

<table>
<thead>
<tr>
<th>DATE</th>
<th>Hours</th>
<th>DESCRIPTION</th>
<th>Rate</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-19</td>
<td></td>
<td>CHS Administrative Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>102.00</td>
<td>Diane Winter</td>
<td>60.00</td>
<td>6,120.00</td>
</tr>
<tr>
<td></td>
<td>81.50</td>
<td>Julie Schrum</td>
<td>50.00</td>
<td>4,075.00</td>
</tr>
<tr>
<td></td>
<td>8.00</td>
<td>Donna Miller</td>
<td>40.00</td>
<td>320.00</td>
</tr>
</tbody>
</table>

TOTAL $10,515.00

PAY THIS
AMOUNT $10,515.00

MAKE CHECK PAYABLE TO:
Meeker County Public Health
114 North Holcombe, Suite 250
Litchfield, MN 55355

THANK YOU!

Program: 100 LPHG
Account #: 6265
Description: Prof. Service
Approved by: ""
From: Mike Housman
To: Donna Miller; Sarah Schoebel; Ron Shimanski; Bobbie;
Date: 3/19/2019 6:31 PM
Subject: Re: CHS Invoices Needing Approval 03.19.2019 and Health Partners.pdf

Approved.

>>> Donna Miller 03/19/19 4:21 PM >>>

Hello Mike,

Here are the March 20th Remittals and also the Health Partners payment breakdown for March for your approval.

Thanks!

———

Donna Miller
Meeker County Public Health
114 N. Holcombe Ave. Suite 250
Litchfield, MN 55355
320-693-5370 Main Office
320-693-5390 Donna's Desk
320-693-5370 WIC Clinic
320-693-5392 Fax

This message and any attachments may contain information that is legally privileged. Any disclosure, copying, distribution or the taking of any action on the contents is strictly prohibited. If you feel you have received this email in error, please notify me immediately.

———

>>> Julie Schrum 3/19/2019 2:21 PM >>>

Donna,
I've attached the M-M-S Health Partners payment breakdown for March. Please forward to the Finance Committee and I will upload to the CDS Portal.
Thank you,
Julie
Approved.

>>> Donna Miller 03/19/19 4:20 PM >>>

Attached please find March's CHS Credit Card statement.
Thanks,

---

Donna Miller
Meeker County Public Health
114 N. Holcombe Ave. Suite 250
Litchfield, MN 55355
320-693-5370 Main Office
320-693-5399 Donna's Desk
320-693-5372 WIC Clinic
320-693-5399 Fax

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---

>>> Julie Schrum 3/19/2019 1:15 PM >>>

Donna,
I've attached the CHS Credit Card statement for March. Please forward to the Finance Committee for approval and I will upload to the CDS portal.
Thank you,
Julie
### STATEMENT OF ACCOUNT
Community Health Services
1805 Ford Avenue
Glencoe, MN 55336

<table>
<thead>
<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>CHARGES</th>
<th>CREDITS</th>
<th>ACCOUNT BALANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/4/2019</td>
<td>QPR Class Gaylord Ambulance Service</td>
<td>$400.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/13/2019</td>
<td>QPR Class Gibbon Fire &amp; Rescue Dept</td>
<td>$400.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/19/2019</td>
<td>QPR Class Village Ranch Staff (Hutchinson site)</td>
<td>$400.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,200.00</td>
</tr>
</tbody>
</table>

Program: MEC 501
Account #  Prof Servier # 6205
Description: 
Approved by: [Signature]
Sibley County Public Health and Human Services  
111 8th Street, PO Box 237  
Gaylord, MN  55334

TO:  
Meeker McLeod Sibley CHS  
Attn: Allie Elbert  
1805 Ford Ave Suite 200  
Glencoe, MN 55336

<table>
<thead>
<tr>
<th>QTY</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Dental Varnishing Supplies</td>
<td>$563.85</td>
<td>$563.85</td>
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<tr>
<td></td>
<td>Sibley County PHHS</td>
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<td></td>
</tr>
</tbody>
</table>

Please reimburse from Operation Roundup Grant

TOTAL $563.85

PAY THIS AMOUNT $563.85

Program: LPHG  
Account #: 100  
Description: 6402 supplies  
Approved by:  

THANK YOU!
Thank you for placing an order with SmileMakers.

The detail of your order is shown below. Some items may ship separately. Please note: the tax amount shown below is an estimate only. Your final tax amount may vary slightly.

If you have questions about this order, please call us toll free at 1-888-800-7645 or email us at customer.service@smilemakers.com. We are always happy to help and stand by our 100% satisfaction guarantee. If you are not fully satisfied with any of the items in your order, just contact us to exchange or return for a full refund. We look forward to serving you again in the future.

Your order #100253608
Placed on September 25, 2018 5:25:45 PM EDT

<table>
<thead>
<tr>
<th>ITEMS IN YOUR ORDER</th>
<th>QTY</th>
<th>PRICE</th>
</tr>
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<tbody>
<tr>
<td>CASPER THE FRIENDLY GHOST STICKERS</td>
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<td>$6.99</td>
</tr>
<tr>
<td>SKU: ST1057-B</td>
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<td></td>
</tr>
<tr>
<td>Select Options</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Box</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| MINNIE MOUSE STICKERS        | 1   | $6.99 |
| SKU: ST1456-B                |     |       |
| Select Options               |     |       |
| Box                          |     |       |

<p>| MICKEY MOUSE FAVORITE POSES STICKERS | 1   | $6.99 |
| SKU: ST1572-B                  |     |       |</p>
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<tr>
<th>ITEMS IN YOUR ORDER</th>
<th>QTY</th>
<th>PRICE</th>
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<tbody>
<tr>
<td><strong>Select Options</strong></td>
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<tr>
<td><strong>Sea Life Pals Octopus Wall Cling</strong></td>
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<tr>
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<tr>
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<tr>
<td>SKU: DEN514</td>
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<tr>
<td><strong>Required Information</strong></td>
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<tr>
<td>Please confirm that you are purchasing this product for a licensed Dental Care practice or Dental Insurance Company to help promote better overall patient care, and agree not to resell this product.</td>
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<tr>
<td><strong>SmileCare Sea Life Pals Youth Dental Kits</strong></td>
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<tr>
<td><strong>Box</strong></td>
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<tr>
<td><strong>Disney Princess Sticker Assortment</strong></td>
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<tr>
<td><strong>Select Options</strong></td>
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<tr>
<td><strong>Box</strong></td>
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ITEMS IN YOUR ORDER

Select Options
Box

MINIONS STICKERS
SKU: ST1301-B
Select Options
Box

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Subtotal $563.85
Shipping & Handling $0.00
Grand Total $563.85

BILL TO:
Klea Rettmann
Sibley County Public Health and Human Services
111 8th Street POB 237
Gaylord, Minnesota, 55334
T: 507-237-4039

SHIP TO:
Klea Rettmann
Sibley County Public Health and Human Services
111 8th Street POB 237
Gaylord, Minnesota, 55334
T: 507-237-4039

SHIPPING METHOD:
FREE SHIPPING

PAYMENT METHOD:
Pay By Credit Card (one time use)

Credit Card Type
MasterCard
Credit Card Number
xxxx-7825

Thank you, SmileMakers!
Vivid Image, Inc.
897 Highway 15 S
Hutchinson, MN 55350
(320) 587-8974

Invoice

BILL TO
Meeker, McLeod Sibley
Healthy Communities
1805 Ford Ave N Suite 200
Glencoe, MN 55336

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT.

ACCOUNT DIRECTOR
Cory Dammann

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>QTY</th>
<th>AMOUNT</th>
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<tbody>
<tr>
<td>Domain Name - 1 yr Renewal</td>
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<tr>
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<tr>
<td>Sales Tax</td>
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<tr>
<td>Sales Tax calculated by AvaTax on Mon 25 Feb 17:21:33 UTC 2019</td>
<td></td>
<td></td>
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We accept Visa, MasterCard, and Discover for your convenience. If we have not received your payment by its due date, we may apply a late fee of $20.00.

There is a $30.00 charge for all returned checks.

Program: LPHG
Account #: 100
Description: Prof Services 6245
Approved by: DW

INVOICE #: 13581
DATE: 02/28/2019
DUE DATE: 03/15/2019
TERMS: Net 15

BALANCE DUE: $35.00

RECEIVED
MAR 01 2019

BY:

Vivid Image is a premier provider of Nontaxable Creative Promotional & Advertising Services.
Hello Mike,
Here are this week’s invoices for your approval.
Thanks, Donna

---

From: Mike Housman
To: Donna Miller; Sarah Schoeberl; Ron Shimanski; bobbieh@co.sibley.mn.us;
Date: 3/6/2019 1:41 PM
Subject: Re: CHS Invoices Need Approval 03.06.2019

Approved.

This message and any attachments may contain information that is legally privileged. Any disclosure, copying, distribution or the taking of any action on the contents is strictly prohibited. If you feel you have received this email in error, please notify me immediately.
<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Payment Amount</th>
<th>Account Class</th>
<th>Account</th>
<th>Grant/Program Number</th>
<th>Object Number</th>
<th>Reason for Payment</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$ 1,463.00</td>
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<td>Health &amp; Life Ins-County Share</td>
<td>212</td>
<td>2045</td>
<td>April Health Ins. Premium</td>
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<td>SHIP-Community</td>
<td>Health &amp; Life Ins-County Share</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$ 3,773.63</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
From: Diane Winter
To: Julie Schrum
Date: 3/28/2019 8:26 AM
Subject: Fwd: April 2019 E-Billing payment successful for account 35470

FYI

Diane Winter, Director
Meeker County Public Health
114 North Holcombe, Suite 250
Litchfield, MN 55355
320-633-5373
diane.winter@co.meeker.mn.us

The unauthorized disclosure or interception of e-mail is a federal crime. See 18 U.S.C SEC 2517(4). This e-mail is intended for the use of whom it is intended and may contain information that is privileged, confidential, and exempt from disclosure under the law. If you have received this e-mail in error, do not distribute or copy it. Please return it immediately to the sender with attachments, if any, and notify the sender by telephone. Thank you for your cooperation.

>>> HealthPartners <noreply@healthpartners.com> 03/27/19 7:01 PM >>>

HealthPartners

A payment has been successfully applied to your account. Log on to your E-Billing account at www.healthpartners.com/employer for more information.

If you have any questions, please contact your Membership Accounting billing representative.

Sincerely,

HealthPartners Membership Accounting

Please note: This e-mail message was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message.
E-Billing

Account balances

MEEKER-MCLEOD-SIBLEY (35470)
Billing representative Jolene Halley 952-883-6002

<table>
<thead>
<tr>
<th>Billing account</th>
<th>Account balance</th>
<th>Unapplied cash</th>
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<tbody>
<tr>
<td>35470 Meeker-McLeod-Sibley</td>
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<td>$0.00</td>
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</table>

Total group balance $0.00

Invoice search

Billing account  | Status | Billing period | Invoice | Amt. paid/ distributed | Amt. due | Amt. pending | Detailed invoice |
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Show 25 results per page

8 results found

You can download Adobe Acrobat Reader for free from Adobe.
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<th>Contract</th>
<th>Policyholder</th>
<th>Social Security</th>
<th>Contract Effective Date</th>
<th>Package</th>
<th>Tier</th>
<th>Plan</th>
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<td>SE677</td>
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<td>PREM</td>
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|          |                 |                 |                         |         |      |      |             |
|          |                 |                 |                         |         |      |      |             |

Subtotal: $429.32

Subtotal: $418.30

Subtotal: $1,033.68

Subtotal: $344.56

Subtotal: $768.37

Subtotal: $418.30

Total for Site 0: $3,773.63

1 SE677 EMP 38 PREM 429.32 429.32
2 SE677 EMP 34 PREM 418.30 836.60
1 SE677 EMP 64 PREM 1,033.68 1,033.68
1 SE677 CH 24 PREM 344.56 344.56
1 SE677 EMP 55 PREM 768.37 768.37
1 SE677 EMP 27 PREM 361.10 361.10

Grand Total for All Sites: $3,773.63
INVOICE SUMMARY

Summary of Charges

| Current Billing: | $3,773.63 |
| Retroactive Adjustments: | $0.00 |
| Account Adjustments: | $0.00 |
| **Invoice Total:** | **$3,773.63** |

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**Grand Total for All Sites:** $3,773.63
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<th>Object Number</th>
<th>Reason for Payment</th>
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<td>Communications</td>
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<td></td>
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<td>Communications</td>
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<td><strong>TOTAL</strong></td>
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# Quick Bill Summary

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<thead>
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<th>Amount</th>
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<tbody>
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<tr>
<td>Payment – Thank You</td>
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<tr>
<td>Balance Forward</td>
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<tr>
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<td>Usage and Purchase Charges</td>
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<td>Data</td>
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<tr>
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<td>Total Current Charges</td>
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</tr>
</tbody>
</table>

## Total Charges Due by March 23, 2019

- **$825.28**

---

**Pay from phone**

- "#PMT (768)"

**Pay on the Web**

- "At vzw.com/mybusinessaccount"

**Questions:**

- "1.800.922.0204 or *611 from your phone"

---

**Bill Date**

- February 28, 2019

**Account Number**

- 442204724-00001

**Invoice Number**

- 9825175682

---

**Total Amount Due**

- **$825.28**

---

**P.O. Box 25505**

**Lehigh Valley, PA 18002-5505**

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**9825175682010442204724000030000082528000000825283**
<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Vendor Address</th>
<th>Vendor City</th>
<th>Vendor State</th>
<th>Vendor Zip-Code</th>
<th>Payment Amount</th>
<th>Invoice #</th>
<th>Account Class</th>
<th>Account</th>
<th>Grants/Program Number</th>
<th>Object Number</th>
<th>Reason for Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verizon - paid ON-LINE</td>
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<td></td>
<td>$ 249.32</td>
<td>982824117</td>
<td>WIC Peer Grant</td>
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<td>234</td>
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<td>WIC Peer Cell phones</td>
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<td>$ 135.77</td>
<td></td>
<td>Local Public Health Grant</td>
<td>Communications</td>
<td>100</td>
<td>6203</td>
<td>air card, desk phone, cell phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 169.67</td>
<td></td>
<td>Project Harmony Grant</td>
<td>Communications</td>
<td>212</td>
<td>6203</td>
<td>cell phone, air card</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 107.34</td>
<td></td>
<td>Emergency Preparedness</td>
<td>Communications</td>
<td>502</td>
<td>6203</td>
<td>cell phone, air card</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 100.85</td>
<td></td>
<td>WIC-Admin</td>
<td>Communications</td>
<td>225</td>
<td>6203</td>
<td>cell phone, air card</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$ 62.33</td>
<td></td>
<td>SHIP-Community</td>
<td>Communications</td>
<td>230</td>
<td>6203</td>
<td>cell phone</td>
</tr>
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</table>

**TOTAL** $ 825.28
**Quick Bill Summary**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Balance (see back for details)</td>
<td>$824.55</td>
</tr>
<tr>
<td>Payment — Thank You</td>
<td>$-824.55</td>
</tr>
<tr>
<td>Balance Forward</td>
<td>$0.00</td>
</tr>
<tr>
<td>Monthly Charges</td>
<td>$791.97</td>
</tr>
<tr>
<td>Usage and Purchase Charges</td>
<td></td>
</tr>
<tr>
<td>Voice</td>
<td>$0.00</td>
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<tr>
<td>Messaging</td>
<td>$0.00</td>
</tr>
<tr>
<td>Data</td>
<td>$0.00</td>
</tr>
<tr>
<td>Surcharges and Other Charges &amp; Credits</td>
<td>$21.41</td>
</tr>
<tr>
<td>Taxes, Governmental Surcharges &amp; Fees</td>
<td>$11.90</td>
</tr>
<tr>
<td>Total Current Charges</td>
<td>$825.28</td>
</tr>
</tbody>
</table>

**Total Charges Due by February 20, 2019**

$825.28