

THIS MULTICOPIED AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

PALOMAR POMERADO HEALTH
 A California Health Care District
 15235 Innovation Drive, Suite 303
 San Diego, CA 92138

Bank of America
 San Diego Commercial Building #1400
 450 B Street
 San Diego, CA 92101
 604-1820211

Check No. 26077

Check Date
 10/18/2004

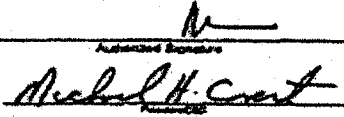
Valid After 90 Days

PAY Four Thousand Five Hundred Five Hundred Thirty Six And 64/100 Dollars

\$405,536.64

TO THE ORDER OF
 PALOMAR POMERADO HEALTH
 FOUNDATION
 PO BOX 698
 ESCONDIDO CA 920330699

12823

Authorized Signature


⑆00026077⑆ ⑆121141822⑆ 73132⑆03593⑆

⑆0040553664⑆

10252004
 121806274 MM
 EXT=1744 TRC=1744 PK=11

11/25/04

0318892218

1260110365

UNION BANK
 NTRY PK 91755
 102104 37375624

122080496<

750-38

FOR DEPOSIT ONLY
 BANK OF AMERICA
 M/P & S SAN DIEGO #288
 ASSENT ENDORSEMENT GUARANTEE
 0700410943

175969

X Pay to the order of
 Merrill Lynch 288-04150
 Palomar Pomarado
 Health Foundation

EXACT VERIFICATION STRIP REQUIRED FOR ALL
 DEPOSITORIES. See Endorsement

Location	Acct #	Check #	Amount	Issue Date	Paid Date	Sequence
CD	7313203593	26077	\$405,536.64		10/25/2004	1260110365
Customer Data	Bank #	GL Category	CD VolID/CIMS Key	CD Label		
	0	000000000000	20041101013801	20041101013801		

Process Control

PALOMAR POMERADO HEALTH FOUNDATION

To: Palomar Pomerado Health

11/24/2004
002195

CHEQUE NUMBER	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
	11/24/2004	Refund			
		Totals:	\$375,000.00 \$375,000.00	\$0.00 \$0.00	\$375,000.00 \$375,000.00

A1-005680
12/10/04
DEPOSIT TO CENTRAL OFFICE - REGATES AND REFUNDS.
J.E. DECEMBER -
101000 569050 375,000 -
101000 106901 <375,000 = >

THIS DOCUMENT MUST HAVE A COLORED BACKGROUND, ULTRAVIOLET FIBERS AND AN ARTIFICIAL WATERMARK ON THE BACK - VERIFY FOR AUTHENTICITY



A1-005680
PALOMAR POMERADO HEALTH FOUNDATION
P.O. BOX 899
ESCONDIDO, CA 92033

Merrill Lynch
BANK ONE BANK ONE, COLUMBUS, N.A.
Columbus, Ohio 43271
25-80440

002195

CHECK DATE	CHECK NO.
11/24/2004	2195

CHECK AMOUNT
\$**375,000.00

Three hundred seventy five thousand and 00/100 Dollars

Palomar Pomerado Health
15255 Innovation Drive
San Diego, CA 92128

VOID AFTER 90 DAYS
TWO SIGNATURES REQUIRED FOR AMOUNTS OF \$5,000.00 OR MORE

[Signature]
[Signature]
AUTHORIZED SIGNATURES

⑈002195⑈ ⑆044000804⑆ 041112763330⑈

PALOMAR POMERADO HEALTH
 MS Add-Ins Journal Entry Format

JV NUMBER: 166
 PERIOD ENDING DATE: 2004/10/31
 DESCRIPTION: Reverse Citizens for Better Health Care
 SOURCE: RPW
 AUTO REVERSE:

CO	YR	PD	SYS	TYP	JE#	FC	DESCRIPTION	CO	ACCTG UNIT	ACCT #	AMOUNT
1000	2005	4	GL	N	166	A		1000	101000	108901	375,000.00
1000	2005	4	GL	N	166	A		1000	108631	690000	-375,000.00

Results from GL40.1
 Add Complete - Continue
 Add Complete - Continue

0.00

PREPARED BY: _____
 APPROVED BY: _____

DATE: _____

POSTED

NOV 11 2004
 P. mscl
 2:55 pm

COPY

PALOMAR POMERADO HEALTH
MS Add-ins Journal Entry Format

JV NUMBER:
PERIOD ENDING DATE: 2004/10/31
DESCRIPTION: Reverse Citizens for Better Health Care
SOURCE: RPW
AUTO REVERSE:

CO	YR	PD	SYS	TYP	JE#	FC	DESCRIPTION	CO	ACCTG UNIT	ACCT #	AMOUNT
1000	2005	4	GL	N		A	Due from Foundation	1000	101000	106901	375,000.00
1000	2005	4	GL	N		A	Other Direct Expense	1000	108631	890000	-375,000.00
To reverse a donation that the Foundation made to Citizens for Better Health Care.											

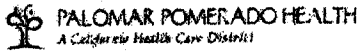
0.00

PREPARED BY: RICH WAYNE
APPROVED BY: [Signature]

DATE: 11/11/04
DATE: 11/11/04

No. 26077

Check Date: 10/18/2004

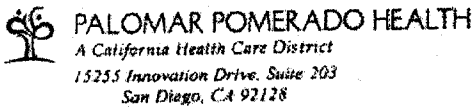


PALOMAR POMERADO HEALTH FOUNDATION, PO BOX 699, ESCONDIDO CA 920330699

Vendor No. (12525)

Invoice No.	Date	Gross Amount	Discount Amount	Net Amount Paid
EXPENSES 10/13/04	10/13/04	\$405,536.64	\$0.00	\$405,536.64
<p>Please call when check is ready X2787 Debbie TEMP</p>				
Totals		\$405,536.64	\$0.00	\$405,536.64

Detach at Perforation Before Depositing Check



Bank of America
San Diego Commercial Building #1450
450 "B" Street
San Diego, CA 92101
90-4182/1211

Check No. 26077

Check Date:
10/18/2004

Void After 90 Days

PAY VOID VOID VOID VOID VOID VOID VOID VOID

\$405,536.64

TO THE ORDER OF
PALOMAR POMERADO HEALTH FOUNDATION
PO BOX 699
ESCONDIDO CA 920330699

NON-NEGOTIABLE

12525
PALOMAR-POMERADO HEALTH SYSTEM

No 011924

- Indicate Appropriate Facility Account
- DISTRICT (1)
 - PALOMAR (2)
 - PALOMAR CONTINUING CARE (2)
 - POMERADO (3)
 - VILLA POMERADO (3)

ACCOUNTS PAYABLE CHECK REQUEST
 PLEASE ALLOW FIFTEEN (15) DAYS FOR PROCESSING
 ATTACH PERTINENT DOCUMENTATION.

- Indicate Appropriate Facility Account
- CLINIC (6)
 - SAN MARCOS AMBULATORY (7)
 - MANAGEMENT SERVICE ORG. (8)

OCT 14 2004

CHECK PAYABLE TO: (INCLUDE ADDRESS)

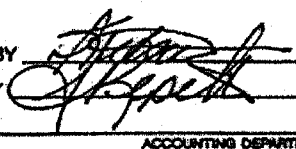
 PO Box 699
 Escondido, CA 92033-0699

ACCOUNTS PAYABLE
 REQUEST DATE 10/13/04
 DUE DATE 10/19/04
 CHECK AMOUNT _____

EXPLANATION: _____

EXPENSE DISTRIBUTION

FACILITY CODE	Q.L. Acct/Cost Center	
<u>01</u>	<u>1069.50</u>	<u>\$ 1,268.39</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 402,509.94</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 1,758.31</u>
<u>101000</u>	<u>1069.01</u>	<u>\$ _____</u>
TOTAL		\$ <u>405,536.64</u>

PAYMENT REQUESTED BY _____
 PAYMENT APPROVED BY 
 PAYMENT AUTHORIZED _____
 ACCOUNTING DEPARTMENT

AUDITED _____

PAL 8511-0644 (Rev. 5/98) P&T

WHITE - Accounting

CANARY - Dept. Head

POM 8511-1251 (Rev. 5/98) P&T

POSTED

OCT 15 2004

No. 29177

Check Date: 11/29/2004



PALOMAR POMERADO HEALTH FOUNDATION, PO BOX 699, ESCONDIDO CA 920330699

Vendor No. (12525)

Invoice No.	Date	Gross Amount	Discount Amount	Net Amount Paid
EXPENSES 11/24/04	11/24/04	\$57,348.77	\$0.00	\$57,348.77
Totals		\$57,348.77	\$0.00	\$57,348.77

Detach at Perforation Before Depositing Check



Bank of America
San Diego Commercial Building #1450
450 "B" Street
San Diego, CA 92101
90-41821211

Check No. 29177

Check Date
11/29/2004

PAY VOID VOID VOID VOID VOID VOID VOID VOID

\$57,348.77

TO THE ORDER OF
PALOMAR POMERADO HEALTH FOUNDATION
PO BOX 699
ESCONDIDO CA 920330699
12525

NON-NEGOTIABLE

12525

PALOMAR-POMERADO HEALTH SYSTEM
ACCOUNTS PAYABLE CHECK REQUEST
 PLEASE ALLOW FIFTEEN (15) DAYS FOR PROCESSING
 ATTACH PERTINENT DOCUMENTATION.

No 011924

Indicate Appropriate Facility Account

- DISTRICT (1)
- PALOMAR (2)
- PALOMAR CONTINUING CARE (2)
- POMERADO (3)
- VILLA POMERADO (3)

Indicate Appropriate Facility Account

- CLINIC (6)
- SAN MARCOS AMBULATORY (7)
- MANAGEMENT SERVICE ORG. (8)

CHECK PAYABLE TO: (INCLUDE ADDRESS)

Palomar Pomerado Health Foundation
P.O. Box 699
Escondido, CA 92033-0699

REQUEST DATE 11/24/04
 DUE DATE 12/01/04
 CHECK AMOUNT 57,348.77

EXPLANATION: _____

EXPENSE DISTRIBUTION

FACILITY CODE	G.L. Acct/Cont Center	
<u>01</u>	<u>1069.50</u>	<u>\$ 13,959.00</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 43,389.77</u>
<u>10000</u>	<u>704901</u>	<u>\$ _____</u>
		<u>\$ _____</u>
	TOTAL	\$ <u>57,348.77</u>

PAYMENT REQUESTED BY [Signature]
 PAYMENT APPROVED BY [Signature]
 PAYMENT AUTHORIZED _____
 ACCOUNTING DEPARTMENT
 AUDITED [Signature]

POSTED

NOV 24 2004

No. 27540

Check Date: 11/08/2004



PALOMAR POMERADO HEALTH FOUNDATION, PO BOX 699, ESCONDIDO CA 920330699

Vendor No. (12525)

Invoice No.	Date	Gross Amount	Discount Amount	Net Amount Paid
EXPENSES 11/04/04	11/04/04	\$31,249.91	\$0.00	\$31,249.91
Totals		\$31,249.91	\$0.00	\$31,249.91

Detach at Perforation Before Depositing Check



Bank of America
San Diego Commercial Building #1450
450 "B" Street
San Diego, CA 92101
90-4182/1211

Check No. 27540

Check Date
11/08/2004

PAY 109D 109D 109D 109D 109D 109D 109D 109D

\$31,249.91

TO THE
ORDER
OF

PALOMAR POMERADO HEALTH
FOUNDATION
PO BOX 699
ESCONDIDO CA 920330699

NON-NEGOTIABLE

**PALOMAR-POMERADO
HEALTH SYSTEM**

№ 011924

Indicate Appropriate Facility Account

- DISTRICT (1)
- PALOMAR (2)
- PALOMAR CONTINUING CARE (2)
- POMERADO (3)
- VILLA POMERADO (3)

Indicate Appropriate Facility Account


- CLINIC (6)
- SAN MARCOS AMBULATORY (7)
- MANAGEMENT SERVICE ORG. (8)

**ACCOUNTS PAYABLE
CHECK REQUEST**

PLEASE ALLOW FIFTEEN (15) DAYS
FOR PROCESSING
ATTACH PERTINENT DOCUMENTATION.

12525

CHECK PAYABLE TO: (INCLUDE ADDRESS)


 PO Box 699
 Escondido, CA 92033-0699

REQUEST DATE 11/4/04
 DUE DATE 11/10/04
 CHECK AMOUNT \$ 31,249.91

EXPLANATION: _____

EXPENSE DISTRIBUTION

FACILITY CODE	G.L. Acct/Coast Center	
01	1069.50	\$ 31,249.91
01	1069.50	\$ 13,959.00
		\$ _____
		\$ _____
	TOTAL	\$ _____

PAYMENT REQUESTED BY [Signature]
 PAYMENT APPROVED BY [Signature]
 PAYMENT AUTHORIZED _____
 ACCOUNTING DEPARTMENT
 AUDITED [Signature] ACCOUNTS PAYABLE

**POSTED
NOV 05 2004**



**PALOMAR-POMERADO
HEALTH SYSTEM**

**ACCOUNTS PAYABLE
CHECK REQUEST**

PLEASE ALLOW FIFTEEN (15) DAYS
FOR PROCESSING
ATTACH PERTINENT DOCUMENTATION

No 011924

Indicate Appropriate Facility Account

- CLINIC (6)
- SAN MARCOS AMBULATORY (7)
- MANAGEMENT SERVICE ORG. (8)

Indicate Appropriate Facility Account

- DISTRICT (1)
- PALOMAR (2)
- PALOMAR CONTINUING CARE (2)
- POMERADO (3)
- VILLA POMERADO (3)

CHECK PAYABLE TO: (INCLUDE ADDRESS)



PO Box 699
Escondido, CA 92033-0699

REQUEST DATE 11/4/04

DUE DATE 11/10/04

CHECK AMOUNT \$ 31,249.91

EXPLANATION: _____

EXPENSE DISTRIBUTION

FACILITY CODE	G.L. Acct/Cost Center	
<u>01</u>	<u>1069.50</u>	<u>\$ 31,249.91</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 13,959.00</u>
		\$ _____
		\$ _____
		\$ _____
	TOTAL	\$ _____

PAYMENT REQUESTED BY [Signature]

PAYMENT APPROVED BY [Signature]

PAYMENT AUTHORIZED _____
ACCOUNTING DEPARTMENT

AUDITED _____
ACCOUNTS PAYABLE

No. 24699

Check Date: 09/27/2004



PALOMAR POMERADO HEALTH
A California Health Care District

PALOMAR POMERADO HEALTH FOUNDATION, PO BOX 699, ESCONDIDO CA 920330699

Vendor No. (12525)

Invoice No.	Date	Gross Amount	Discount Amount	Net Amount Paid
EXPENSES 9-23-04	09/23/04	\$51,933.17	\$0.00	\$51,933.17
Totals		\$51,933.17	\$0.00	\$51,933.17

Detach at Perforation Before Depositing Check



PALOMAR POMERADO HEALTH
A California Health Care District
15255 Innovation Drive, Suite 203
San Diego, CA 92128

Bank of America
San Diego Commercial Building #1450
450 "B" Street
San Diego, CA 92101
90-4182/1211

Check No. 24699

Check Date
09/27/2004

Void After 90 Days

PAY 107D 107D 107D 107D 107D 107D 107D 107D

\$51,933.17

TO THE
ORDER
OF

PALOMAR POMERADO HEALTH
FOUNDATION
PO BOX 699
ESCONDIDO CA 920330699

12525

NON-NEGOTIABLE

Indicate Appropriate Facility Account

- DISTRICT (1)
- PALOMAR (2)
- PALOMAR CONTINUING CARE (2)
- POMERADO (3)
- VILLA POMERADO (3)

1252
**PALOMAR-POMERADO
 HEALTH SYSTEM**

**ACCOUNTS PAYABLE
 CHECK REQUEST**

PLEASE ALLOW FIFTEEN (15) DAYS
 FOR PROCESSING
 ATTACH PERTINENT DOCUMENTATION.

No 011924

Indicate Appropriate Facility Account

- CLINIC (6)
- SAN MARCOS AMBULATORY (7)
- MANAGEMENT SERVICE ORG. (8)

CHECK PAYABLE TO: (INCLUDE ADDRESS)

PPH FOUNDATION
PO BOX 699
ESCONDIDO, CA 92033

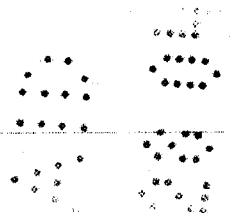
REQUEST DATE 9-23-04
 DUE DATE 9-28-04
 CHECK AMOUNT \$ 51,933.17

EXPLANATION: _____

EXPENSE DISTRIBUTION

FACILITY CODE	G.L. Acct/Coast Center	
<u>01</u>	<u>1069.50</u>	<u>\$ 1415.50</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 7563.05</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 42954.62</u>
<u>101000</u>	<u>1069.01</u>	<u>\$</u>
TOTAL	\$	<u>51,933.17</u>

PAYMENT REQUESTED BY [Signature]
 PAYMENT APPROVED BY [Signature]
 PAYMENT AUTHORIZED _____
 ACCOUNTING DEPARTMENT
 AUDITED [Signature]
 ACCOUNTS PAYABLE



POSTED
 SEP 23 2004

No. 23364

Check Date: 08/30/2004



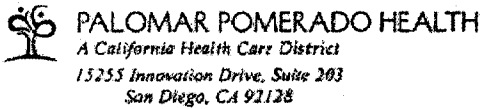
PALOMAR POMERADO HEALTH FOUNDATION, PO BOX 699, ESCONDIDO CA 920330699

Vendor No. (12525)

Invoice No.	Date	Gross Amount	Discount Amount	Net Amount Paid
EXPENSES 8-26-04	08/26/04	\$67,511.67	\$0.00	\$67,511.67
Totals		\$67,511.67	\$0.00	\$67,511.67

Detach at Perforation Before Depositing Check

Page 1 of 1



Bank of America
San Diego Commercial Building #1450
450 "B" Street
San Diego, CA 92101
90-4182/1211

Check No. 23364

Check Date
08/30/2004

Void After 90 Days

PAY 1010 1010 1010 1010 1010 1010 1010 1010

\$67,511.67

TO THE
ORDER
OF

PALOMAR POMERADO HEALTH
FOUNDATION
PO BOX 699
ESCONDIDO CA 920330699

12525

NON-NEGOTIABLE

10525

PALOMAR-POMERADO HEALTH SYSTEM

No 011924

Indicate Appropriate Facility Account

- DISTRICT (1)
- PALOMAR (2)
- PALOMAR CONTINUING CARE (2)
- POMERADO (3)
- VILLA POMERADO (3)

ACCOUNTS PAYABLE CHECK REQUEST

PLEASE ALLOW FIFTEEN (15) DAYS FOR PROCESSING
ATTACH PERTINENT DOCUMENTATION

Indicate Appropriate Facility Account

- CLINIC (6)
- SAN MARCOS AMBULATORY (7)
- MANAGEMENT SERVICE ORG. (8)

Full

CHECK PAYABLE TO: (INCLUDE ADDRESS)

PALOMAR POMERADO HEALTH FOUNDATION
225 EAST 2ND AVE, SUITE 250
ESCONDIDO, CA 92025

REQUEST DATE 8.26.04
DUE DATE 8.31.04
CHECK AMOUNT 67,511.67

EXPLANATION:

EXPENSE DISTRIBUTION

FACILITY CODE	G.L. Acct/Cost Center	
<u>01</u>	<u>1069.50</u>	<u>\$ 800.00</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 8568.39</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 58,143.28</u>
<u>10/000</u>	<u>106901</u>	<u>\$</u>
TOTAL		\$ <u>67,511.67</u>

PAYMENT REQUESTED BY [Signature]
PAYMENT APPROVED BY [Signature]
PAYMENT AUTHORIZED _____
AUDITED [Signature]

ACCOUNTING DEPARTMENT

ACCOUNTS PAYABLE

PAL 8511-0544 (Rev. 5/98) PM1

WRITE - Accounting

CANNARY - Dept Head

POM 8511-1251 (Rev. 5/98) PM1

RECEIVED
AUG 31 2004
ACCOUNTS PAYABLE

POSTED
SEP 01 2004

Hi Carol -
Please call
when ready
for pick-up

Thank!
Margarita
X2787

12525

**PALOMAR-POMERADO
HEALTH SYSTEM**

**ACCOUNTS PAYABLE
CHECK REQUEST**

PLEASE ALLOW FIFTEEN (15) DAYS
FOR PROCESSING
ATTACH PERTINENT DOCUMENTATION.

№ 011924

Indicate Appropriate Facility Account

Indicate Appropriate Facility Account

- DISTRICT (1)
- PALOMAR (2)
- PALOMAR CONTINUING CARE (2)
- POMERADO (3)
- VILLA POMERADO (3)

- CLINIC (6)
- SAN MARCOS AMBULATORY (7)
- MANAGEMENT SERVICE ORG. (8)

CHECK PAYABLE TO: (INCLUDE ADDRESS)

PALOMAR POMERADO HEALTH FOUNDATION
226 EAST 2ND AVE, SUITE 250
ESCONDIDO, CA 92025

REQUEST DATE 8.26.04
DUE DATE 8.31.04
CHECK AMOUNT 67,511.67

EXPLANATION: _____

EXPENSE DISTRIBUTION

FACILITY CODE	G.L. Acct/Coast Center	
<u>01</u>	<u>1069.50</u>	<u>\$ 800.00</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 8,568.39</u>
<u>01</u>	<u>1069.50</u>	<u>\$ 58,143.28</u>
TOTAL		\$ <u>67,511.67</u>

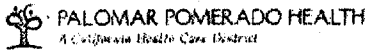
PAYMENT REQUESTED BY [Signature]
PAYMENT APPROVED BY [Signature]
PAYMENT AUTHORIZED _____
ACCOUNTING DEPARTMENT
AUDITED [Signature]

PHL 8511-2844 (Rev. 5/88) PMS1 WHITE - Accounting CANARY - Dept. Head POM 8511-1261 (Rev. 5/88) PMS1

POSTED
AUG 27 2004

No. 21505

Check Date: 08/02/2004



PALOMAR POMERADO HEALTH PO BOX 699, ESCONDIDO CA 920330699

Vendor No. (12525)

Invoice No.	Date	Gross Amount	Discount Amount	Net Amount Paid	
EXPENSES 07/28/04	07/28/02	\$86,226.17	\$0.00	\$86,226.17	
 <i>8-1-04</i>					
Detach at Perforation Before Depositing Check		Totals	\$86,226.17	\$0.00	\$86,226.17



PALOMAR POMERADO HEALTH
A California Health Care District
15255 Innovation Drive, Suite 203
San Diego, CA 92128

Bank of America
San Diego Commercial Building #1450
450 "B" Street
San Diego, CA 92101
90-4182/1211

Check No. 21505

Check Date
08/02/2004

Void After 90 Days

PAY VOID VOID VOID VOID VOID VOID VOID VOID

\$86,226.17

TO THE
ORDER
OF

PALOMAR POMERADO HEALTH
PO BOX 699
ESCONDIDO CA 920330699

NON-NEGOTIABLE

12525

PALOMAR-POMERADO HEALTH SYSTEM

No 011924

Indicate Appropriate Facility Account

- DISTRICT (1)
- PALOMAR (2)
- PALOMAR CONTINUING CARE (2)
- POMERADO (3)
- VILLA POMERADO (3)

ACCOUNTS PAYABLE CHECK REQUEST
 PLEASE ALLOW FIFTEEN (15) DAYS FOR PROCESSING
 ATTACH PERTINENT DOCUMENTATION.

Indicate Appropriate Facility Account

- CLINIC (6)
- SAN MARCOS AMBULATORY (7)
- MANAGEMENT SERVICE ORG. (8)

CHECK PAYABLE TO: (INCLUDE ADDRESS)

PALOMAR-POMERADO HEALTH FOUNDATION
P.O. BOX 1699
ESCONDIDO CA 92033

REQUEST DATE 7-28-04
 DUE DATE 8-02-04
 CHECK AMOUNT \$ 86,226.17

EXPLANATION:

EXPENSE DISTRIBUTION

FACILITY CODE	Dept/Center	Amount
01	1069.50	\$ 86,226.17
101000	1069.50	\$
		\$
		\$
TOTAL		\$ 86,226.17

PAYMENT REQUESTED BY [Signature]
 PAYMENT APPROVED BY [Signature]
 PAYMENT AUTHORIZED _____
 ACCOUNTING DEPARTMENT
 AUDITED _____
 ACCOUNTS PAYABLE

PAL 8511-9644 (Rev. 5/98) PM1

WHITE - Accounting

CANARY - Dept. Head

PCM 8511-1251 (Rev. 5/98) PM1

POSTED

JUL 30 2004

Hi CAROL -
 PLEASE CALL WHEN
 CHECK IS READY.

THANKS!
 Maryann Emery
 X2787
 MXE3