



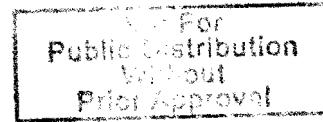
****INVOICE****

| Date | Invoice Number |
|-----------|----------------|
| 9/30/2010 | TX8H0910 |

Terms: Net 15 Days

Correctional Healthcare Management, Inc.
P.O. Box 5078
Greenwood Village, CO 80111

| |
|---|
| Bill To: |
| Ft. Bend County Auditor 301 Jackson Richmond, Tx 77469 |



1 of 1

| Description | Amount |
|-----------------------------|------------|
| HIV/HEP/BIO CAP FYE 9.30.10 | \$8,059.95 |

Please Remit Payment to:

Correctional Healthcare Management, Inc
P.O. Box 5078
Greenwood Village, CO 80111

| | |
|-------|------------|
| Total | \$8,059.95 |
|-------|------------|

Thank you for your business!



****INVOICE****

| Date | Invoice Number |
|------------|----------------|
| 11/30/2010 | TX801110 |

Terms: Net 15 Days

Correctional Healthcare Management, Inc.
P.O. Box 5078
Greenwood Village, CO 80111

| |
|---|
| Bill To: |
| Ft. Bend County Auditor 301 Jackson Richmond, Tx 77469 |



1 of 1

| Description | Amount |
|--------------------------------------|-------------|
| FYE 9/30/10 Offsite Medical Over CAP | \$41,208.66 |

Please Remit Payment to:

Correctional Healthcare Management, Inc
P.O. Box 5078
Greenwood Village, CO 80111

Total \$41,208.66

Thank you for your business!



Greenwood Village CO 80155-5078

Phone: (720) 706-9080

Bill To:

Fort Bend County
County Auditor
301 Jackson
Richmond TX 77469

| | |
|---------|------------|
| Invoice | TX801210 |
| Date | 12/30/2010 |
| Page | 1 |

INVOICE

| | | | |
|--------------------|-------------|----------------|-------------|
| Purchase Order No. | Customer ID | Payment Terms | Master No. |
| | TXFOR001 | Due on Receipt | 2,534 |
| Description | | | Amount |
| DEC 10 OS | | | \$50,855.32 |
| Subtotal | | | \$50,855.32 |
| Misc | | | \$0.00 |
| Total | | | \$50,855.32 |

Please Remit Payment to:
CHM
POB 5078
Greenwood Village CO 80155-5078

Thank you for your business!



****INVOICE****

| Date | Invoice Number |
|-----------|----------------|
| 2/18/2011 | TX800111 |

Due Upon Receipt

Correctional Healthcare Management, Inc.
P.O. Box 5078
Greenwood Village, CO 80111



| |
|---|
| Bill To: |
| Ft. Bend County Auditor 301 Jackson Richmond, Tx 77469 |

1 of 1

| Description | Amount |
|-------------|--------|
|-------------|--------|

FYE 9/30/10 Offsite Medical Over CAP paid through 1/31/2011

\$31,309.38

Please Remit Payment to:

Correctional Healthcare Management, Inc
P.O. Box 5078
Greenwood Village, CO 80111

| | |
|-------|-------------|
| Total | \$31,309.38 |
|-------|-------------|

Thank you for your business!