

CLAIMS PAYMENT REQUEST

FROM: Orcas Island Health Care District Fund# 6541.00

Date: 7/25/2023

Page 1 of 1

Invoice #	Description	Inv. Date	Vendor #	Vendor Name	Amount	Grant /Level	Bars #	1099
400	T-Mobile bill	7/21/2023	ban155	Banner Bank	\$ 114.91		6541.00.561.00.42.0020	
400	Signs.com district office door sign	7/11/2023	ban155	Banner Bank	\$ 31.32		6541.00.561.00.49.0000	
400	Adobe licenses	7/11/2023	ban155	Banner Bank	\$ 51.96		6541.00.561.00.31.0002	
224499	Clinic Pest Control	7/13/2023	san246	San Juan Pest Control	\$ 312.99		6541.00.561.00.48.0010	
20230717	Exam Room Remodel	7/17/2023	isl726	Island Health	\$ 40,541.02		6541.00.561.00.48.0010	
20230717	Equipment Purchase	7/17/2023	isl726	Island Health	\$ 12,931.21		6541.00.594.61.64.0004	
117758	Legal Services	6/30/2023	chm100	Chmelik, Sitkin, Davis	\$ 960.00		6541.00.561.00.41.0030	


TOTAL THIS PAGE \$ 54,943.41

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to authenticate and certify to said claim.


 Chris Chord, Superintendent

07/25/2023
 Date

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to certify to said claim.

DocuSigned by:

 A80A84BC16C84A6...
 Pegi Groundwater, Auditing Officer

7/25/2023
 Date

Board Authorization

I attest that the duly elected board for the OIHCD has reviewed the claims listed above (including original backup materials) and have approved said claims by majority vote at a meeting open to the public.

 Diane Boteler, Commissioner/Board Secretary

 Date

Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.

apInAinv
07/25/2023 9:36:58AMInvoice Accounting Report
San Juan County

Page: 1

Invoice #: 117758 Invoice Date: 07/24/2023 Doc Date: 07/24/2023 Due Date: 07/25/2023
Vendor #: chm100 Name: CSD ATTORNEYS AT LAW Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Legal services	E 6541.00.561.00.41.0030	960.00	

Invoice #: 20230717 Invoice Date: 07/24/2023 Doc Date: 07/24/2023 Due Date: 07/25/2023
Vendor #: isl726 Name: ISLAND HOSPITAL Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	Exam Room Remodel 90% District	E 6541.00.561.00.48.0010	40,541.02	
2	Equipment for new Exam Rooms & Exam	E 6541.00.594.61.64.0004	12,931.21	

Invoice Total: 53,472.23

Invoice #: 224499 Invoice Date: 07/24/2023 Doc Date: 07/24/2023 Due Date: 07/25/2023
Vendor #: san246 Name: SAN JUAN PEST CONTROL Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	San Juan Pest Control July 2023	E 6541.00.561.00.48.0010	312.99	

Invoice #: 400 Invoice Date: 07/24/2023 Doc Date: 07/24/2023 Due Date: 07/24/2023
Vendor #: ban155 Name: BANNER BANK Type: in

Line No	Line Description	Account Number	Amount	PO Number
1	T-Mobile June 2023 Bill	E 6541.00.561.00.42.0020	114.91	
2	Signs.com Office Door Sign	E 6541.00.561.00.49.0000	31.32	
3	Adobe Licenses July 2023	E 6541.00.561.00.31.0002	51.96	

Invoice Total: 198.19

Grand Total: 54,943.41

Post Date	Merchant Name	Amount	Reference Number	Tran Type
7/21/2023	TMOBILE*AUTO PAY	\$114.91	Ref-55432863201205708474767	Purchase
7/20/2023	MISAPP PAYMENT ADJUSTMENT	\$2,838.85	Ref-70008603201777201730013	Payment
7/20/2023	PAYMENT - THANK YOU	(\$2,838.05)	Ref-70008603201555201740012	Payment
7/16/2023	PAYMENT - THANK YOU	(\$1,574.51)	Ref-0000000000000000000000	Payment
7/12/2023	DRI*SIGNS	\$31.32	Ref-55432863192202865015765	Purchase
7/12/2023	ADOBE *ACROPRO SUBS	\$51.96	Ref-55429503192713498098728	Purchase
7/9/2023	FOXS BOXES LLC	\$270.75	Ref-55480773189207340100022	Purchase
7/9/2023	ROCKISLAND COMM.	\$85.00	Ref-55131583189083728821505	Purchase
7/7/2023	4TE*WASHINGTON ALARM I	\$60.65	Ref-05436843187200059114238	Purchase
7/6/2023	DOCUSIGN	\$140.79	Ref-55429503187027447442136	Purchase
7/4/2023	ORCAS POWER & LIGHT CO	\$724.73	Ref-55263523184747001289322	Purchase



Bill period
Jun 01, 2023 - Jun 30, 2023

Account
979938487

Invoice
979938487-17

Page
1 of 7

Total due

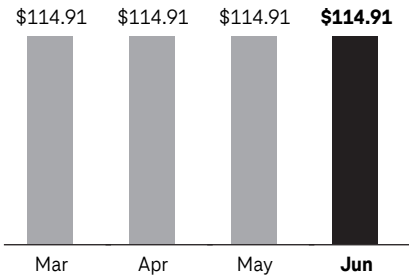
\$114.91

This amount will be charged to your card on **Jul 20, 2023**

Your charges explained

- Great news, you have no new lines added/ suspended/cancelled this month!
- Your device protection charges have increased. For more information, visit t-mo.co/billupdate

Your recent charges compared



Welcome Orcas Island Health Care District,

Starting Jul 28, 2023, only debit cards and bank accounts will be eligible for AutoPay discounts. Manage AutoPay: t-mo.co/ap

Balance from previous bill **\$0.00**

Previous total due	\$114.91
Payments - Thank you!	-\$114.91

Total charges this bill **\$114.91**

Plans	Increased by \$85.00	\$85.00
Equipment	Increased by \$10.42	\$10.42
Services	Increased by \$18.00	\$18.00
Taxes and fees	Increased by \$1.49	\$1.49

Total due No changes **\$114.91**

Autopay: Jul 20, 2023



Bill to:
Ellen Fraser

Ship to:
Ellen Fraser

Paid by:
Mastercard ending in 2738



PAID	Total Paid: \$31.32	Date Paid: Jul 11, 2023
-------------	---------------------	-------------------------

1 x Clear Window Decal (18" x 22")		\$22.92
Untitled Project		
Quantity:	1	
Size:	18" x 22"	
Shape:	Square / Rectangle	
Print Surface:	Standard	
White Ink:	Clear Background	
Accessories:	Squeegee	
Delivery:	Arrives Jul 14 - Jul 19	

Comments:

Subtotal:	\$22.92
Shipping:	\$6
Tax:	\$2.4
<hr/>	
Order Total:	\$31.32
Mastercard ending in 2738	(\$31.32)
<hr/>	
Balance Due:	\$0

From: [Adobe](#)
To: [Chris Chord](#)
Subject: Christopher R, your monthly invoice for Orcas Island Health Care District is available
Date: Tuesday, July 11, 2023 8:49:16 AM



Christopher R, your monthly invoice for Orcas Island Health Care District is available

We've successfully processed payment for your upcoming billing period. **No further action is required.**

You can view invoice details below. Go to the [Admin Console](#) to view payment history, update payment or download invoice from the Account tab.

Here's a quick look at your invoice:

Adobe Order

AB02379107303CUS

Company Name

Orcas Island Health Care District

Billing Period


11-July-2023 PDT – 10-August-2023 PDT

Payment Method

MASTER_CARD ending in 2738

Due on 11-July-2023 PDT

US\$51.96 including tax

PRODUCT	QUANTITY	SUBTOTAL
 Acrobat Pro US\$23.99/mo per license	2 licenses	US\$47.98/mo

Subtotal: US\$47.98/mo

Tax/VAT: US\$3.98/mo

Total: US\$51.96/mo



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STATEMENT

SAN JUAN PEST CONTROL
 PO BOX 44, FRIDAY HARBOR, WA 98250
 360-378-2941
 PAY ONLINE: sanjuanpestcontrol.com
 EMAIL: control@sanjuanpest.com

Acct: 4927
 Date: 07/13/23
 Page: 1

ORCAS MEDICAL CENTER

SERVICE TO
 ORCAS MEDICAL CENTER
 7 DEYE LN
 EASTSOUND, WA 98245

DATE	DESCRIPTION	AMOUNT	BALANCE		
07/10/23	Invoice # 224499 PEST CONTROL SERVICE Sales Tax	289.00 23.99	289.00 312.99		
REMINDER: A RATE INCREASE HAS BEEN IMPLEMENTED AS OF MAY 01, 2023. AUTO-PAY CAN BE SET UP BY CALLING OUR OFFICE AT 360-378-2941. BILLING QUESTIONS/CONCERNS - EMAIL: billing@sanjuanpest.com					
Account #	0-30 Days	31-60 Days	61-90 Days	Over 90	AMOUNT DUE
4927	312.99	0.00	0.00	0.00	312.99

RE: Orcas Capital Project - Exam Rooms Remodel

DocuSign Envelope ID: 9C776023-4B5F-4A9D-8615-9DB2375B912F



wood, Megan <megan.wood@islandhospital.org>

To Chris Chord
Cc Shulock, Lori L.

Reply Reply All Forward

Tue 7/18/2023 7:46 AM

Follow up. Completed on Monday, July 24, 2023.
You replied to this message on 7/20/2023 12:02 PM.
This message is part of a tracked conversation. Click here to find all related messages or to open the original flagged message.

Attachments: CHAD FISHER CONSTRUCTION 410-002.pdf (734 KB), MEDLINE 2252873722.pdf (117 KB), MEDLINE 2258481082.PDF (20 KB), CHAD FISHER CONSTRUCTION 410-001.pdf (375 KB)

Absolutely, See attached and below. Let me know if you have any questions!

Orcas Capital Project 1235.100 Orcas Remodel							
Capital Request Orcas	Quantity	PO	PO amount	Invoice #	Invoice Date	Inv Amt	Notes
2022 Capital Request - Exam Table, Orcas Medline	2	0140091	10,217.71			\$11,424.55	
				2252873722	2/8/2023	\$20,346.27	See Medline 225873722 Attached
				2260435902	3/30/2023	-\$8,921.72	See Medline 225873722 Attached
Green Series 777 Integrated Wall System Medline	2	0140093	3,084.98	2258481082	3/17/2023	\$2,943.46	See Medline 2258481082 Attached
2022 Capital Request - Orcas Remodel /Chad Fisher Construction		Non-PO				\$45,045.58	
				410-001	2/6/2023	\$35,243.33	See Chad Fisher Construction 410-001 Attached
				410-002	5/5/2023	\$9,802.25	See Chad Fisher Construction 410-002 Attached
Lenox Steel Guest Chair (Office Depot Order)	2	0141116	829.84			\$829.84	PO Rcd
						\$60,243.43	Total
						\$6,024.34	IH 10%
						\$54,219.09	Orcas 90%



Megan Wood, MBA, CHFP
Director, Finance
1211 24th Street, Anacortes, WA 98221
P: 360.299.4260
www.islandhealth.org



APPLICATION FOR PAYMENT

INVOICE # 410-001

2/6/2023

TO: Island Health
1211 24th Street
Anacortes, WA 98221

FOR: Island Health Orcas Clinic Ex
7 Deye Lane
Eastsound, WA 98245

FROM: Chad Fisher Construction LLC
15900 Preston Place
Burlington, WA 98233

For work complete thru: 1/31/2023
TERMS: Net 15

Application for payment **1 dated 2/6/2023** is made for payment, as shown below, in connection with the contract.

1. ORIGINAL CONTRACT SUM.....	\$	41,593.34
2. NET CHANGE BY CHANGE ORDERS.....	\$	0.00
3. CONTRACT SUM TO DATE	\$	41,593.34
4. TOTAL COMPLETED AND STORED TO DATE	\$	32,542.32
5. RETAINAGE	\$	0.00
6. TOTAL EARNED LESS RETAINAGE	\$	32,542.32
7. LESS PREVIOUS CERTIFICATE FOR PAYMENT		0.00
<i>(line item from previous application)</i>		
8. SALES TAX.....	\$	2,701.01
9. CURRENT PAYMENT DUE.....	\$	<u>35,243.33</u>
10. BALANCE TO FINISH, PLUS RETAINAGE	\$	9,051.02

APPROVED
By tbarnts at 4:47:53 PM, 2/27/2023

Capital Project: Orcas Island Remodel
PLEASE LIST GL 1235.100



PROJECT: 410 - ISLAND HEALTH - ORCAS CLINIC

Schedule of Values

	CONTRACT AMOUNT		PERIOD TO		Billing Date: 02/02/2022		
	Contract Costs	Revised Totals	Prior Billings	02/02/23	Completed to Date	Verify %	Remaining
0 Permits	\$ 200.00	\$ 200.00	\$ -	\$ 100.00	\$ 100.00	50.00%	100.00
1 General Conditions	\$ 8,618.20	\$ 8,618.20	\$ -	\$ 2,750.00	\$ 2,750.00	31.91%	5,868.20
2 Sitework	\$ 1,992.70	\$ 1,992.70	\$ -	\$ 1,992.70	\$ 1,992.70	100.00%	-
3 Concrete	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	-
5 Steel	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	-
6 Wood	\$ 1,404.89	\$ 1,404.89	\$ -	\$ 1,404.89	\$ 1,404.89	100.00%	-
7 Thermal Insulation	\$ 680.74	\$ 680.74	\$ -	\$ 680.74	\$ 680.74	100.00%	-
8 Doors & Windows	\$ 2,260.00	\$ 2,260.00	\$ -	\$ -	\$ -	0.00%	2,260.00
9 Finishes	\$ 9,555.60	\$ 9,555.60	\$ -	\$ 9,555.60	\$ 9,555.60	100.00%	-
10 Specialties	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	-
11 Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	-
12 Furnishings	\$ 6,400.00	\$ 6,400.00	\$ -	\$ 6,400.00	\$ 6,400.00	100.00%	-
13 Special Construction	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	-
21 Fire Suppression	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	-
22 Plumbing	\$ 4,200.00	\$ 4,200.00	\$ -	\$ 4,200.00	\$ 4,200.00	100.00%	-
23 HVAC	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	-
26 Electrical	\$ 2,500.00	\$ 2,500.00	\$ -	\$ 2,500.00	\$ 2,500.00	100.00%	-
27 Communications	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	-
28 Electronic Fire Security	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	-
30 Contingency	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	-
Contractors Fee	\$ 3,781.21	\$ 3,781.21	\$ -	\$ 2,958.39	\$ 2,958.39	78.24%	822.82
Total	\$ 41,593.34	\$ 41,593.34	\$ -	\$ 32,542.32	\$32,542.32	78.24%	\$ 9,051.02



APPLICATION FOR PAYMENT

INVOICE # 410-002

5/5/2023

TO: Island Health
1211 24th Street
Anacortes, WA 98221

FOR: Island Health Orcas Clinic Ex
7 Deye Lane
Eastsound, WA 98245

FROM: Chad Fisher Construction LLC
15900 Preston Place
Burlington, WA 98233

For work complete thru: 4/30/2023
TERMS: Net 15

Application for payment **2** dated **5/5/2023** is made for payment, as shown below, in connection with the contract.

1. ORIGINAL CONTRACT SUM	\$	41,593.34
2. NET CHANGE BY CHANGE ORDERS	\$	0.00
3. CONTRACT SUM TO DATE.....	\$	41,593.34
4. TOTAL COMPLETED AND STORED TO DATE.....	\$	41,593.34
5. RETAINAGE.....	\$	0.00
6. TOTAL EARNED LESS RETAINAGE.....	\$	41,593.34
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$	32,542.32
(line 4 from previous application)		
8. SALES TAX.....	\$	751.23
9. CURRENT PAYMENT DUE	\$	<u>9,802.25</u>
10. BALANCE TO FINISH, PLUS RETAINAGE	\$	0.00

APPROVED
By tbarnts at 4:16:55 PM, 5/26/2023

**Capital Project: Orcas Remodel ,2022
GL: 1235.100**



PROJECT: 410 - ISLAND HEALTH - ORCAS CLINIC

Schedule of Values

		CONTRACT AMOUNT		PERIOD TO		Billing Date: 02/02/2022		
		Contract Costs	Revised Totals	Prior Billings	04/10/23	Completed to Date	Verify %	Remaining
0	Permits	\$ 200.00	\$ 200.00	\$ 100.00	\$ 100.00	\$ 200.00	100.00%	\$ -
1	General Conditions	\$ 8,618.20	\$ 8,618.20	\$ 2,750.00	\$ 5,868.20	\$ 8,618.20	100.00%	\$ -
2	Sitework	\$ 1,992.70	\$ 1,992.70	\$ 1,992.70	\$ -	\$ 1,992.70	100.00%	\$ -
3	Concrete	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
5	Steel	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
6	Wood	\$ 1,404.89	\$ 1,404.89	\$ 1,404.89	\$ -	\$ 1,404.89	100.00%	\$ -
7	Thermal Insulation	\$ 680.74	\$ 680.74	\$ 680.74	\$ -	\$ 680.74	100.00%	\$ -
8	Doors & Windows	\$ 2,260.00	\$ 2,260.00	\$ -	\$ 2,260.00	\$ 2,260.00	100.00%	\$ -
9	Finishes	\$ 9,555.60	\$ 9,555.60	\$ 9,555.60	\$ -	\$ 9,555.60	100.00%	\$ -
10	Specialties	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
11	Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
12	Furnishings	\$ 6,400.00	\$ 6,400.00	\$ 6,400.00	\$ -	\$ 6,400.00	100.00%	\$ -
13	Special Construction	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
21	Fire Suppression	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
22	Plumbing	\$ 4,200.00	\$ 4,200.00	\$ 4,200.00	\$ -	\$ 4,200.00	100.00%	\$ -
23	HVAC	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
26	Electrical	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ -	\$ 2,500.00	100.00%	\$ -
27	Communications	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
28	Electronic Fire Security	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
30	Contingency	\$ -	\$ -	\$ -	\$ -	\$ -	0.00%	\$ -
	Contractors Fee	\$ 3,781.21	\$ 3,781.21	\$ 2,958.39	\$ 822.82	\$ 3,781.21	100.00%	\$ 0.00
	Total	\$ 41,593.34	\$ 41,593.34	\$ 32,542.32	\$ 9,051.02	\$ 41,593.34	100.00%	\$ 0.00

capital

826.43



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
0140091	02/08/2023	2252873722

Sold To:

HOSPITAL DIST #2 SKAGIT COUNTY
ISLAND HOSPITAL
1211 24TH ST
ANACORTES, WA 98221-2562

Ship To:

ISLAND HOSPITAL**
7 DEYE LN
EASTSOUND, WA 98245-8578

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE		
908	577439457	VENDOR	CUSTOMER	1021821	USD	\$20,346.27		
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

10	2.00	EA	2.00	UME4070650100	TE		9,156.50	18,313.00
/TABLE,EXAM,HI-LO,MANUAL BACK,100 SERIES								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
18,313.00	0.00	2,033.27	\$20,346.27

** Special Ship-To

* Code

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8386)

INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH OR AS OTHERWISE CONTRACTUALLY STIPULATED AGAINST PAST DUE BALANCES.

MEDLINE INDUSTRIES, LP IS AN ILLINOIS LIMITED PARTNERSHIP AND INCLUDES ITS WHOLLY OWNED SUBSIDIARY MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE LIMITED PARTNERSHIP

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Merry Potthast x7703274

R E M I T T A N C E

Bill To:
ISLAND HOSPITAL
1211 24TH ST
ANACORTES WA 98221-2562

Customer # 1021821
Invoice # 2252873722
Invoice Date 02/08/2023
Sales Rep # 908
Payment Terms Net 30
Amount Due \$20,346.27

Remit To:
Medline Industries, LP
Dept 1080
Po Box 121080
Dallas TX 75312-1080

AMOUNT PAID \$ _____

Detach and return this portion with your payment



www.medline.com

Credit Memo

Customer PO #	Credit Date	Credit #
0140091/2252873722	03/30/2023	2260435902

Sold To:
 HOSPITAL DIST #2 SKAGIT COUNTY
 ISLAND HOSPITAL
 1211 24TH ST
 ANACORTES, WA 98221-2562

Ship To:
 ISLAND HOSPITAL**
 7 DEYE LN
 EASTSOUND, WA 98245-8578

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT
908	2105228865		CUSTOMER	1021821	USD	\$(8,921.72)

LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT
10	2.00	EA	2.00	UME4070650100	TE		(4,460.86)	(8,921.72)
/TABLE,EXAM,HI-LO,MANUAL BACK,100 SERIES								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
(8,921.72)	0.00	0.00	\$(8,921.72)

** Special Ship-To

* Code
 TE - Tax Exempt
 C - Customer Freight

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Merry Potthast x7703274

C R E D I T M E M O

Bill To:
 ISLAND HOSPITAL
 1211 24TH ST
 ANACORTES WA 98221-2562

Customer # 1021821
Credit # 2260435902
Credit Date 03/30/2023
Sales Rep # 908
Payment Terms Net 30
Amount \$(8,921.72)

Remit To:
 Medline Industries, LP
 Dept 1080
 Po Box 121080
 Dallas TX 75312-1080

NO REMITTANCE REQUIRED



www.medline.com

I N V O I C E

Customer PO #	Invoice Date	Invoice #
0140093	03/17/2023	2258481082

Sold To:

HOSPITAL DIST #2 SKAGIT COUNTY
ISLAND HOSPITAL
1211 24TH ST
ANACORTES, WA 98221-2562

Ship To:

ISLAND HOSPITAL
1211 24TH ST
ANACORTES, WA 98221-2562
GLN: 1100005620735

SALES REP #	SALES ORDER #	CARRIER	FREIGHT TERMS	CUSTOMER #	CURRENCY	AMOUNT DUE		
908	577107309	FEDEX GROUND	MEDLINE	1021821	USD	\$2,943.46		
LINE NO.	ORDER QTY	U/M	INVOICE QTY	ITEM NO. / DESCRIPTION	CODE*	DELIVERY #	UNIT PRICE	AMOUNT

10	2.00	EA	2.00	W-A777PM3WAS	TE	8137846933	1,471.73	2,943.46
/MBO-SYSTEM,WALL,INTEGRATED,BPST,GS777								

GROSS	TAX AMOUNT	FREIGHT	TOTAL
2,943.46	0.00	0.00	\$2,943.46

*** Code**

TE - Tax Exempt

C - Customer Freight

CUSTOMER SHALL PAY THE FREIGHT CHARGES INDICATED ON THIS INVOICE. ALL CLAIMS OF SHORT SHIPMENTS, MIS-SHIPMENTS AND OTHER ERRORS IN DELIVERY SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN TWO BUSINESS DAYS OF THE INVOICE DATE, OR THEY ARE DEEMED WAIVED. ALL CLAIMS FOR PRICING AND BILLING ERRORS SHALL BE COMMUNICATED TO MEDLINE IN WRITING WITHIN 180 DAYS OF INVOICE DATE, OR THEY ARE DEEMED WAIVED.

EXPORT PROHIBITED CONTRARY TO U.S. FEDERAL LAWS. NO RETURNS WILL BE ALLOWED WITHOUT WRITTEN AUTHORIZATION.(PH: 800-307-8386)

INTEREST WILL BE CHARGED AT THE RATE OF 1.5% PER MONTH OR AS OTHERWISE CONTRACTUALLY STIPULATED AGAINST PAST DUE BALANCES.

MEDLINE INDUSTRIES, LP IS AN ILLINOIS LIMITED PARTNERSHIP AND INCLUDES ITS WHOLLY OWNED SUBSIDIARY MEDLINE INDUSTRIES HOLDINGS, LP, A DELAWARE LIMITED PARTNERSHIP

Billing Inquiries: 1-800-388-2147, A/R Svcs Rep: Merry Potthast x7703274

R E M I T T A N C E**Bill To:**

ISLAND HOSPITAL
1211 24TH ST
ANACORTES WA 98221-2562

Customer #	1021821
Invoice #	2258481082
Invoice Date	03/17/2023
Sales Rep #	908
Payment Terms	Net 30
Amount Due	\$2,943.46

Remit To:

Medline Industries, LP
Dept 1080
Po Box 121080
Dallas TX 75312-1080

AMOUNT PAID \$ _____

Detach and return this portion with your payment

CSD | ATTORNEYS AT LAW

1500 Railroad Avenue, Bellingham, WA 98225
tel 360.671.1796 • fax 360.671.3781

SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 3
ATTN: COMMISSIONER
CHRISTOPHER CHORD
POST OFFICE BOX 226
EASTSOUND, WA 98245

June 30, 2023

In Reference To: 10707
Invoice Number: 117758

GENERAL

We are excited to announce that we are rebranding with a new name as part of our firm's ongoing growth. While our firm name has changed from Chmelik Sitkin & Davis to CSD Attorneys at Law, our highest priority remains our commitment to our clients.

Please visit us at csdlaw.com.

FOR PROFESSIONAL SERVICES RENDERED FOR THE PERIOD ENDING ABOVE

Professional Services

	<u>Hours</u>	<u>Amount</u>
6/2/2023 PMR CONTINUE ANALYSIS OF SPOUSAL INTEREST IN DISTRICT CONTRACT AND DEVELOP OPTION; CORRESPONDENCE WITH C. CHORD REGARDING SAME	1.40	448.00
6/14/2023 PMR DRAFT E-MAIL CORRESPONDENCE TO P. GROUNDWATER REGARDING CONTRACT/ETHICS ISSUE AFTER FURTHER CONSIDERATION OF STATUTORY PROVISIONS	0.40	128.00
6/22/2023 PMR TELEPHONE CONFERENCES WITH P. GROUNDWATER REGARDING RELOCATION EXPENSE AND POTENTIAL CONFLICT OF INTEREST; REVIEW EMPLOYMENT AGREEMENT AND DRAFT E-MAIL TO P. GROUNDWATER REGARDING SAME INCLUDING DISCUSSION OF EXECUTIVE SESSION AND OFFICE HOURS	1.00	320.00
6/27/2023 PMR DRAFT CORRESPONDENCE TO C. CHORD REGARDING CONFLICT OF INTEREST ISSUE	0.20	64.00
For professional services rendered	<u>3.00</u>	<u>\$960.00</u>
Previous balance		\$704.60
7/6/2023 Payment - Thank you. Check No. 268197		(\$704.00)
7/6/2023 Write Off Postage (JLL)		(\$0.60)

SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 3

Page 2

	<u>Amount</u>
Total payments and adjustments	(\$704.60)
Balance due	<u>\$960.00</u>

PAYMENT DUE UPON RECEIPT.

PAST DUE BALANCES WILL BE SUBJECT TO INTEREST AT THE RATE OF 12% PER ANNUM.

PLEASE INCLUDE YOUR INVOICE NO. ON YOUR CHECK.

WE DO NOT ACCEPT CREDIT CARD PAYMENTS.

**PLEASE MAKE YOUR CHECKS PAYABLE TO
CSD ATTORNEYS AT LAW**

PLEASE LET US KNOW IF YOU WOULD PREFER
TO HAVE YOUR INVOICES EMAILED.

- FEDERAL TAX ID NO: 91-1361928 -