

LEG. FINANCE - BILLS 1975 - 1976 512

SB 78 cont., thru SB 78am

B

NAME BURTON, GEORGE MEDICARE CT. NO. _____
 ADDRESS 308 NORTH LANE WELFAREHEET NO. _____
 CITY ANCHORAGE, ALASKA CREDIT LIMIT _____

DATE	DESCRIPTION	CHARGES	CREDITS	BALANCE	PREVIOUS BALANCE
	BALANCE FORWARD				
5/23/72	Actna 323		11449	157371	25986
JUN 15 1972	Sent ledger copies to Perret P. 2-72 again wrote Lorraine				
	Still wondering why this isn't getting paid after several billings.				
	06-33-6-350-380				
	DR. GEORGE E. HALE 501 L STREET ANCHORAGE AK				

MEDICARE FORM 8550 PRINTED IN U.S.A.
 1972

PHONE NO.

DR. PAUL J. EGER
602 COWLES STREET
Fairbanks, Alaska
Phone 456-4268

DEPARTMENT OF
HEALTH & SOCIAL SERVICES
DIVISION OF
MEDICAL ASSISTANCE

MAY 22 1 23 PM '73

RECEIVED

Barth Woolley

EMPLOYED

Medical Desk Health

PERSON RESPONSIBLE FOR THIS ACCOUNT:

ADDRESS

Barth Woolley

I certify that this is a just and proper bill
and hereby authorize the Department Certifying
Officer to effect payment of same.

Miriam Merrill 5-14-73

Signature

Date

~~06-22-3-340-383-71-0080~~

8-Digit Account Code

3-Digit Object Code

279-8514
Supplies H&W, 527-5410

ADD 39874-01

Case or Med. Card No.

Band

NO.	SERVICES RENDERED	FEE	DATE DONE	AMOUNT PAID	DATE PAID	BALANCE
	Clinical Examination ✓	10.00	2-6-71			0-
	F/M X-Rays	25.00		10	2-7	1-
	Clearing & Scaling	20.00				0-
	Extra - cost pay					15-
	for welfare -					
	# 340.00					
	Tinsson - welfare					
	7 in charge for 5 m.					
	to 5 m. -	10	1-18-71			
12-12-	X-ray	10	2-7-71			
3	m 3					
2	0					
4-1	Fried 2 x 2 0			400		380
	W. T. 12.56					
9	D					

45.00

06-33-6 400 380

14-0

ALL ACCOUNTS PAYABLE IN 30 DAYS OR A CHARGE OF 1% PER MONTH IS ADDED
UNLESS OTHER ARRANGEMENTS ARE MADE.

452-07-1
Jensen's Clinic - Fairbanks, Alaska

THIRD BILLING

279-0536
Gloria

STATEMENT

STANLEY N. JONES, M.D.
P. O. BOX 249 HAINES, ALASKA 99827
TELEPHONE 766-2821

Alaska Department of Welfare
210 Admiral Way
Juneau, Alaska 99801

6/1/73

FOR PROFESSIONAL SERVICES: Katherine Dayer
Petersburg

7/11/70	Phenebarb	\$4.60
7/13/70	Darvon cpd.	7.00
	Robaxin	
8/5/70	Dilantin #200	6.00
9/25/70	Diazide #100	22.00
	Roniacal #100	
10/23/70	Dilantin 100 mg #100	3.00
11/17/70	House Call	15.00
	Drugs	2.00
	Phenebarb	

unpaid
as of
7/19/73
42.60

DRUGS:

~~06-22-3-350-477-21~~ - medicare 8/14/72
0784
VO # 337607.

06-33-6-390-470 PLEASE PAY \$ 59.60

When you have private insurance coverage: This statement includes our total charges. Payments we receive from your insurance will be credited to your account. Overpayments are refunded. If no such credits appear in 30 days, you should contact the Insurance Company or Agent directly.
PLEASE NOTE: THE RESPONSIBILITY FOR BRINGING OR SENDING INSURANCE FORMS IS YOURS-- DON'T DELAY OR FORGET.

STATEMENT

B. D. Gayman DDS
1815 S. Brogan
Anch. Ak. 99504

Dept. of Health & Welfare
338 Denali - Mac Kay Bldg.
Anch. Ak. 99501

DETACH AND MAIL WITH YOUR CHECK. YOUR CANCELLED CHECK IS YOUR RECEIPT.

The following was done for Michael
Malone, Mother Patsy.

1971		
11-24-71	- Examination	45.
11-24-71	Bite wing trap	10.
		15.

This work was authorized but was
unable to get him to make appt.

06-33-6-400-380

second billing

PAID BY CHECK NO.

STATEMENT

B. D. Layman DDS
1815 S. Bragaw
Anch. Ak. 99504

Dept of Health & welfare
338 Denali - Mac Kay Bldg
Anch. Ak. 99504

DETACH AND MAIL WITH YOUR CHECK. YOUR CANCELLED CHECK IS YOUR RECEIPT.

All following was done for Keith
Malone, mother Patsy.

11-24-71 Examination \$5.

11-24-71 Site using map \$10.

1971

His work was authorized but unable
to get him back in.

33-6-400-380

second billing

PAID BY CHECK NO.

STATEMENT

B. D. Layman, DDS
1815 S. Bragan
Anch. Ak. 99504

Dept of Health & Welfare
338 Denali - Mackay
Anchorage, Alaska, 99504

DETACH AND MAIL WITH YOUR CHECK. YOUR CANCELLED CHECK IS YOUR RECEIPT.

The following work was done for Rich
Malone, mother Patsy Malone.

11-24-71 Examination \$ 5.00
11-24-71 Bitewing Xray \$ 10.00

1971

15.00

This work was authorized but never
came in to have it done.

STATE OF ALASKA
DEPARTMENT OF HEALTH & WELFARE

Second Billing

PAID BY CHECK NO.

STATEMENT

B. D. Hayman DDS
1815 S. Bragaw
Anch. Ak. 99504

Dept. of Health & Welfare
338 Denali - Mae Kay Build
Anch. Ak. 99501

DETACH AND MAIL WITH YOUR CHECK. YOUR CANCELLED CHECK IS YOUR RECEIPT.

The following work was done
for Patsy Malone
1971

11-24-71 - Examination

\$5.

11-24-71 full mouth xray

\$30.

\$35.

The work was authorized but she
would come in to get it done.

PAID BY CHECK NO.

Second billing

STATEMENT


DAVID LEISTIKOW, M.D.
 2110 E. NO. LIGHTS BLVD.
 ANCHORAGE, ALASKA 99504
 277.4535

- DEPT. OF HEALTH & WELFARE
- DIV. OF PUBLIC WELFARE
- 338 Denali 222 MacKay Bldg.
- Anchorage, Alaska 99501

PLEASE RETURN THIS STUB WITH YOUR CHECK

Pat Backus (Eugene)

9-20-72

DATE	REFERENCE	CHARGES	CREDITS	BALANCE
BALANCE FORWARD 				
9-14-70	Exam	10.00		10.00
06-33-6-350-380				

PLEASE REFER TO PATIENT VISIT SLIP FOR DETAIL

PAY
 LAST AMOUNT
 IN THIS
 COLUMN



06

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Outpatient Hospital-Practitioner-Home Health Agency Invoice

No. 106808

A

10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
Coupon or Authorization Number 23		Face	Name of Provider D.J. McIndyke M.D.	
Name of Patient Calkins, Arthur W.			Provider ID No. DJM-899	
Date of Birth 01/21/05	Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Elig. Code 20A	Category	
Case No. 27362-01		Resource	Payee ID No. (if different from above)	

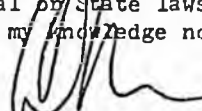
NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		Diagnosis Code (opt.)
List Primary Diagnosis First chronic ectropion LLL post-op		Primary
Medicare 574-01-4635A		Secondary
Have all other payment sources been exhausted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Service Preauthorization No. (if applicable)
Comments:		Referring or Consulting Physician

SERVICES RENDERED

Date of Service	Place of Service*	Description of Medical or Surgical Procedure	1969 RVS Proc. Code	Charge	STATE USE ONLY
14 Oct 71	O	Office Call		75.00	
		33-6350	380		
*Place of Service		12 Coordination of Other Benefits		Total Charge	
DO Doctor's Office	M/Care Pd.	Other Paid	Total	Less	
IL Independent Lab					
K Patient's Home					
IH Inpatient Hospital					
OL Other Location					
NH Nursing Home	M/Care CoIn	M/Care Ded.	Total	Unpaid Balance	
ECF Extended Care Fac.				15.00	
OH Outpatient Hosp.					

PROVIDER CERTIFICATION

<p>"This is to certify that the foregoing is true, accurate, and complete, and is in compliance with Title VI of the Civil Rights Act of 1964 which precludes exclusion or discrimination on the ground of race, color, or national origin. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws."</p> <p>To the best of my knowledge no other resource exists.</p>	Remarks: previously billed 23 Oct 71 & rebilled 3 Jul 72 → No response yet!
	<p>Signature  Date 2 July 73</p>

06

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Outpatient Hospital-Practitioner-Home Health Agency Invoice No. 106813

A

10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
Coupon or Authorization Number 21		NAME	Name of Provider D.J. McIntyre, Inc.	
Name of Patient Pintano, Deo.			Provider ID No. DIM-899	Category
Date of Birth ___/___/___	Sex M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Elig. Code	Payee ID No. (if different from above)	
Case No.		Resource		

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		Diagnosis Code (opt.)
List Primary Diagnosis First Cataract, OU.		Primary 374.9
		Secondary
Have all other payment sources been exhausted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Service Preauthorization No. (if applicable)
Comments:		Referring or Consulting Physician

SERVICES RENDERED

Date of Service	Place of Service*	Description of Medical or Surgical Procedure	1969 RVS Proc. Code	Charge	STATE USE ONLY
10 Oct 70	O	Complete ophthalm exam		30-	
		06-33-6-350-380			
		06-22-2-330-305-31-0742			
*Place of Service DO Doctor's Office IL Independent Lab H Patient's Home IH Inpatient Hospital OL Other Location NH Nursing Home ECF Extended Care Fac. OH Outpatient Hosp.		12 Coordination of Other Benefits	Total Charge		
		M/Care Pd. Other Paid Total	Less		
		M/Care CoIr M/Care Ded. Total	Unpaid Balance		
			30-		

PROVIDER CERTIFICATION

<p>"This is to certify that the foregoing is true, accurate, and complete, and is in compliance with Title VI of the Civil Rights Act of 1964 which precludes exclusion or discrimination on the ground of race, color, or national origin. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws." To the best of my knowledge no other resource exists.</p>		<p>Remarks: thru ref. Dr. 10/10/70, to pt. 2/8/71 & 5/3/71 thru welfare 8/25/71 and 3 Jul 72 — still no response!</p>	
Signature	Date	Resubmittal Indicator	Medical Review
<i>[Signature]</i>	6 Jul 73		Admin <i>[Signature]</i>

06

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Outpatient Hospital-Practitioner-Home Health Agency Invoice

No. 106810 **A**

10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
Coupon or Authorization Number 23		Race W	Name of Provider D.J. McKinley, Inc	
Name of Patient Colman, John			Provider ID No. DJM-899	Category
Date of Birth / /	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Elig. Code 20 A	Payee ID No. (if different from above)	
Case No. 36315-01		Resource		

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		Diagnosis Code (opt.)
List Primary Diagnosis First Cataract, All. entropion, LLL		Primary 374.9
		Secondary
Have all other payment sources been exhausted? <input type="checkbox"/> Yes <input type="checkbox"/> No		Service Preauthorization No. (if applicable)
Comments:		Referring or Consulting Physician

SERVICES RENDERED

Date of Service	Place of Service*	Description of Medical or Surgical Procedure	1969 RVS Proc. Code	Charge	STATE USE ONLY
11 Jan 71	IH	cataract, OS.		600-	
3 May 71	IH	entropion, OS.		340-	
16 Aug 71	IH	cataract, OD.		600-	
				Total Charge	980.00
				Less	1354
				Unpaid Balance	196.00

* 20% COINSURANCE ON THIS SURGERY PAID 6/18/71 NO 190027 PROVIDER CERTIFICATION

<p>"This is to certify that the foregoing is true, accurate, and complete, and is in compliance with Title VI of the Civil Rights Act of 1964 which precludes exclusion or discrimination on the ground of race, color, or national origin. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws."</p> <p>To the best of my knowledge no other resource exists.</p> <p>Signature <i>[Signature]</i> Date 6/24/73</p>		<p>Remarks Medicare payments thru 27 Dec 72 for all but \$226.00 balance</p>
Resubmittal Indicator	Medical Review	



EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF THE ACTION TAKEN ON YOUR MEDICARE CLAIM

1032

Prepared By:

DATE

10001
JPS

Aetna Life & Casualty
Medicare Claim Administration
Yeon Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6831

9-24-71

IMPORTANT

HEALTH INSURANCE CLAIM NUMBER

544 10 245A

SEE REVERSE SIDE FOR
GENERAL INFORMATION.

BENEFICIARY'S
NAME
AND ADDRESS

540

A. Perry
A. L. Perka
Ketchikan, Alaska 99901

LOCATION OF SERVICE CODES	SERVICES					DESCRIPTION OF SERVICE CODES			
	FIRST DATE	LAST DATE	LOCATION OF	NUMBER OF	RENDERED BY				
	MO	DAY	MO	DAY					
<p>The following will explain the codes shown in the "Location of" column to the right.</p> <p>O Doctor's Office IH Inpatient Hospital IL Independent Lab ECF Extended Care Facility H Patient's Home OH Outpatient Hospital OL Other Location NH Nursing Home</p>	1	8	24	9	21	110. Moxem car	1	<p>The following will explain the number shown in the "Description of" column at left.</p> <p>1. Medical Care 2. Surgery 3. Consultation 4. Diagnostic X-ray 5. Diagnostic Lab 6. Radiation Therapy 7. Anesthesia 8. Assistant Surgeon 9. Other Service 0. Whole Blood or Packed Red Blood Cells</p>	
	2								1
	3								1
	4								4
	5								5
	6								5
	7								5
	8								5
	9								5
	10								

If an amount is shown in the "Not Allowed" column at right, the paragraph checked below will explain.

The Allowed Charge is less than the actual charge for psychiatric service, because only 62½% of such expenses are allowed under the law.

The Allowed Charge is less than the actual charge for psychiatric service, because the \$250.00 maximum payable in one calendar year has been reached.

The charges have been reduced to the amount indicated, because they have been determined to be higher than we can consider as covered expense under the Medicare Program.

06-33-6-350-380

Your \$50.00 deductible has been met for 19 70

BENEFITS PAID TO

J.W. A. Tenness, M.D.
3612 Tenness Ave.
Ketchikan, Alaska 99901

	TOTAL	NOT ALLOWED	ALLOWED
1	200		200
2	800	100	700
3	1500		1500
4	1600	400	1200
5	350	50	300
6	350		350
7	500		500
8	600		600
9	800	35	765
10			

TOTAL ALLOWED CHARGES

7915

LESS DEDUCTIBLE

5000

BALANCE OF ALLOWED CHARGES

2915

LESS 20% COINSURANCE

583

MEDICARE PAYS

2332

HAUGLAND, WILLIAM A.

517

MEDICARE - DO NOT BILL WELFARE

MEDICARE

PROVIDENCE HOSPITAL
Anchorage, Alaska

ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize payment directly to the above named hospital of the Hospital Benefits otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not paid under this agreement.

Date _____ 19 _____ Signed _____

INSURED

DATE & TIME OF DISCHARGE

admitted 05-21-71

DATE	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE
	1371 HAUGLAND MED 22351							709.36	117.00	1,026.45
	200.09									117.00
	1071 TRAN FROM OTHER LEDGER							4.86	112.15	
SUB TOTALS								TOTAL CHARGES		

06-33-6-310-380

TERMS: BILLS ARE PAYABLE WEEKLY IN ADVANCE AND MUST BE SETTLED IN FULL BEFORE PATIENT LEAVES THE HOSPITAL

This statement is as complete as possible to render at this time. However, if there are any omissions an additional statement will be mailed to you. The Hospital Day ends at 11:30 A.M. This allows the patient to leave the Hospital without an extra day's charge being made.

LESS: COVERAGE

DUE FROM PATIENT

EXPLANATION OF SYMBOLS

Ⓛ

- | | | | | |
|---------------------------|--------------------------------------|----------------------------|---------------------|----------------------|
| ADM - ADMINISTRATION | DEL - DELIVERY ROOM | IS - ISOTOPES | PEN - PENICILLIN | SURBANK SYMBOLS ONLY |
| AL - ALLOWANCE | DIA - DIATHERMY | IV - INTRAVENOUS | PHT - PHYSIOTHERAPY | |
| ANES - ANESTHESIA | EC - ERROR CORRECTION | N - NARCOTICS, ENTIRE STAY | PHO - PHOTOGRAPHS | |
| ANT - ANTIBIOTICS | EEG - ELECTROENCEPHALOSGRAM | NO2 - NEWBORN OXYGEN | PL - PLASMA | |
| BLD - BLOOD | EKG - ELECTROCARDIOGRAM | OP - OPERATIONAL CREDIT | REF - REFUND | |
| BMR - BASAL METABOLISM | EM - EMERGENCY SURGERY (OR SERVICES) | OR - OPERATING ROOM | TEL - TELEPHONE | |
| CC - COMPLETE BLOOD COUNT | ES - ELECTRIC SHOCK TR. | OT - OXYGEN | TI - TISSUE | |
| C - CIRCUMCISION | RC - HEART CENTER | OTM - OXYGEN THERAPY | TR - TRANSFUSION | |
| CV - CLINIC VISIT | IC - INTENSIVE CARE | PAR - RECOVERY ROOM | UR - URINALYSIS | |
| CT - CYTOSCOPY | ID - IDENTIFICATION | PE - PERISTALTIC ENEMA | X - X-RAY THERAPY | |
| DEL - DELIVER ANESTHETIC | | | | |

HOSPITAL AND MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT

72-8074

1. Name (Last, first, middle initial) **Rolland**

2. Sex M F

3. Health insurance claim number **387-16-5123-A**

4. Address (Street number, City, State, ZIP Code) **Salvation Army, Anchorage, Alaska 99501**

5. Date of birth **01-03-72**

6. Medical record number **72-0032**

7. Admission date **03-72**

8. Provider name and address (City and State) **Providence Hos Anchorage**

9. Provider number **02-0001**

10. Attending physician **Hein**

11. Qualifying and other prior stay information

12. Qualifying and other prior stay information

MEDICAL REVIEW: *[Signature]*

If you have other health insurance or if your State Medical Assistance Agency will pay part of your medical expenses and you wish information about this claim released to them upon their request, complete items 13 and 14.

13. Insuring organization or State agency name and address **Dept of Public Assistance 10-4-72**

14. Policy or medical assistance no

15. Patient's Certification, Authorization to Release Information, and Payment Request. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made on my behalf.

Contained in provider's record

Signature (Patient or authorized representative) (Signature by mark must be witnessed) **Rolland T. Forrester**

Date **03-72**

16. Admitting diagnoses (If employment related, also give name and address of employer)

Circulation Problem L. Foot

Do not use this space

17. Discharge or current diagnoses

(a) Primary **Arteriosclerosis obliterans with complete occlusions of the L. iliac artery & distally down to the L. profunda femoris which is patent but the superficial femoral artery on the left is occluded. There is patency of the popliteal artery.**

Do not use this space

18. Surgical procedures (Show date of each) **01/10/72**

Transfemoral aortogram 1-4-72, Cross femoral R common femoral to L. profunda femoral cross bypass.

19. STATEMENT OF SERVICES RENDERED

Blood pints furnished	Pints replaced	Not replaced	Charge per pint	Total Charges	Non covered Chgs.
		Days	Rate		
B. 1 Bed					
C. 2-3-4 Bed 19 0000 138502					
D. 5 or more Beds					
FOR HOSPITAL					
E. Intensive care 120 00					
F. Self care					
G. PIP total					
H. Operating room 435 25					
I. Anesthesia 45 60					
ONLY J. Outpatient services					
K. Blood administration					
L. Pharmacy 199 01					
M. Radiology 648 00					
N. Laboratory 647 00					
O. Medical, surgical and central supplies 439 10					
P. Physical therapy 12 00					
Q. Occupational therapy					
R. Speech therapy					
S. Inhalation therapy 289 75					
T. Other (Describe) EKG 90 00					
U. TOTALS 4450 11					
V. Outpatient deductible 68 -					
W. Blood deductible pts. @					
X. Coinsurance days () ()					
Y. TOTAL DEDUCTIONS 68 -					
29. I certify that the required physician's certification and recertifications are on file.					
Signature of provider representative [Signature]					
Date received 04-28-72					
35. Approved by [Signature]					
Date approved 05-04-72					

20. Statement covers period FROM **01 03 72** THRU **03 22 72**

21. Date guarantee of payment began

22. Date UR notice received

23. Date active care ended

24. Date benefits exhausted

25. Patient status

A. Date discharged **01 22 72**

B. Date of death

C. Still patient

26. Lifetime reserve days used

27. Non-covered days

28. Covered days **19**

30. Remarks: **80 2/6**

PIP per diem amount \$

197 - This is extra preventive given to the patient for 7 of the 19 day hospitalized.

346 92 09

31. Reimbursement amount \$ **68 -**

FOR INTERMEDIARY USE

32. Verified non-covered stays From Thru

33. Non-pmt. code

34. Days used

35. Approved by **[Signature]** Date approved **05-04-72**

WHITE: State File
 CANARY: State Suspense
 PINK: Provider's Copy

Send white & canary copies for payment.

15 Provider Ref

06

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Outpatient Hospital-Practitioner-Home Health Agency Invoice

Nº 115163

A

10 PATIENT INFORMATION		STATE USE ONLY	PROVIDER INFORMATION	
Coupon or Authorization Number		Name of Provider <i>William S. Stover, M.D.</i>	Provider ID No. <i>1155-275</i>	
Name of Patient <i>PHILLIP WOODS</i>				
Date of Birth <i>1/1/</i>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Phys. Code	Category	
Case No.	Resource	Payee ID No. (if different from above)		

NATURE OF ACCIDENT OR ILLNESS

DIAGNOSES		Diagnosis Code (opt.)
List Primary Diagnosis First <i>HNP L5-S1, right</i>		Primary <i>725</i>
WILLIAM S. STOVER, M.D. A PROFESSIONAL CORPORATION 2211 E. NORTHERN LGTS. BLVD., SUITE 103 ANCHORAGE, ALASKA 99504		Secondary
Have all other payment sources been exhausted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Service Preauthorization No. (if applicable)
Comments:		Referring or Consulting Physician

SERVICES RENDERED

Date of Service	Place of Service*	Description of Medical or Surgical Procedure	1969 RVS Proc. Code	Charge	STATE USE ONLY
<i>8-24-71</i>	<i>IH</i>	<i>Assistant Surgery</i>	<i>163405</i>	<i>240.00</i>	
*Place of Service		12 Coordination of Other Benefits		Total Charge	
DO Doctor's Office	M/Care Pd.	Other Paid	Total	<i>240.00</i>	
IL Independent Lab					
H Patient's Home					
IH Inpatient Hospital					
OL Other Location					
NH Nursing Home	M/Care CoIn	M/Care Ded.	Total		
ECF Extended Care Fac.					
OH Outpatient Hosp.					
				Unpaid Balance	<i>240.00</i>

PROVIDER CERTIFICATION

<p>"This is to certify that the foregoing is true, accurate, and complete, and is in compliance with Title VI of the Civil Rights Act of 1964 which precludes exclusion or discrimination on the ground of race, color, or national origin. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws."</p> <p>To the best of my knowledge, no other resource exists.</p>	Remarks: <i>33-6-350-380</i>
	Signature <i>William S. Stover, M.D.</i> Date <i>1-15-74</i>

TANANA VALLEY MEDICAL SURGICAL GROUP
1007 NOBLE STREET FAIRBANKS, ALASKA 99701

TELEPHONE: 452-1231

10/23/72

STATEMENT OF ACCOUNT

Department of Health & Welfare
Family & Children's Services
Room 320 Chena Building
Fairbanks, Alaska

FOR PROFESSIONAL SERVICES RENDERED:

Archie Peterson

Chief Conception Unit

11/2/70
2/22/71

long distance call
office call

1.00
12.00

Total

\$13.00

Total

James A. Lundquist, M. D.

JAN 11 1972

Second request for payment

I certify that this is a just and proper bill and hereby authorize the Department Certifying Officer to effect payment of same.

Cleanse Booth 1-12-73
Signature Date

01-11-237A-380-41-0480
6-Digit Account Code 3-Digit Object Code

33-6-350-380

AD 29719-01
Case or Med. Crd No. Remarks

RECEIVED
JAN 16 4 55 PM '73
DEPARTMENT OF
HEALTH & SOCIAL SVCS
DIVISION OF
MEDICAL ASSISTANCE

1 September 1971

RR

Department of Health & Welfare
Crippled Children's Services
604 Burnett
Fairbanks, Alaska

For professional services rendered: JOHN V. BEZA ^{BEZA}

5/12/71	Office Call, Physical Exam - Dr. James: (decreased motion, spasticity and poor coordination of right arm & leg)	\$ 11.00
6/14/71	Injection of Vistaril for EEG Prep. (EEG not done)	6.00
7/25/71	Injection of Vistaril for EEG Prep. (EEG not done)	6.00

Total: \$ 23.00

"I certify the above to be a true and accurate accounting
for which no payment has been received."

Tanana Valley Medical-Surgical Group

Mrs Shirley Ruston
(Mrs.) Shirley Ruston
Billing Department

Bobbie


Miss Claems

Supplemental

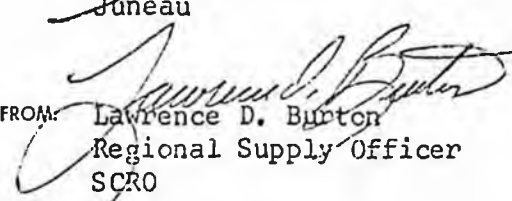
File

STATE
of ALASKA

MEMORANDUM

TO: 
Gary Horton
Supply & Facilities
Juneau

DATE : October 23, 1974

FROM: 
Lawrence D. Burton
Regional Supply Officer
SCRO

SUBJECT: Sea-Land

Reference the attached letter from Sea-Land regarding non-payment of freight bills (copies attached). As you can see these are quite old, so I had to do some digging back into the 1972 files. I found copies of the original invoices in the 1972 files and it does not look to me like they have been paid but, there's no way that I can tell for sure.

Would you please review this with Fiscal and see if there is anyway they can tell if these freight bills have been paid? If not, it looks to me like we will have to process them for payment.

Please advise me of your decision on this matter.

Thanks.

LDB/jeg

*Freight bill # 992908461 dated 10/6/72
Subject to approval of Alaska
State Legislative Approval for payment.
LDB*

2201

O. BOX 1939, CITY DOCK ANCHORAGE, ALASKA 99510 - PHONE: (907) 274-2671



SEA-LAND
SERVICE, INC.

DATE April 29, 1974

Public Health Service
Room 222 MacKay Bldg.
338 Denali St.
Anchorage, Alaska

Gentlemen:

We are in the process of auditing our books. Your account has been brought to my attention because we show the attached bill(s) to be open for your account.

Please check your records. If your records do not agree, or you have a problem with the bill(s), please contact me immediately.

Not hearing from you, I will assume the bill(s) is (are) in order, and I will look for your prompt remittance to P. O. Box 1939, Anchorage, Alaska.

Because of the age of the item(s), we would appreciate your handling this matter at your earliest convenience.

Thank you in advance for your cooperation.

Sincerely,

SEA-LAND SERVICE, INC.

Terry Carlson
274-2671

*Sealand Trust bill 992 907090
dated 10/4/72 in amt. of \$4.21
Subject to approval of
Alaska State Legislature for
payment*

84.21

G.M.

25 1973

SEATTLE, WASHINGTON

352-3012-0

ISSUING DATE 10 7 72	ISSUED NAME GL 66 11	ISSUED FOR NO.	CLASS	TYPE	DATE	TIME	WEIGHT 10.3.72	RESULT
CONTRACT NO. 53 515	ISSUING CONTROL	ISSUING CARRIER NAME AF	ISSUING NO.	ISSUING DATE	ISSUING TIME	ISSUING PLACE	ISSUING OFFICE	ISSUING AGENT
SHIPPER OR EDITOR'S OFFICE NO.	ISSUING CARRIER NAME	ISSUING NO.	ISSUING DATE	ISSUING TIME	ISSUING PLACE	ISSUING OFFICE	ISSUING AGENT	AMOUNT
TYPE	CLASS	ISSUING CONTROL	ISSUING CARRIER NAME	ISSUING NO.	ISSUING DATE	ISSUING TIME	ISSUING PLACE	ISSUING AGENT
5	1							
SPECIAL INSTRUCTIONS HAS-DIV OF PUBLIC HEALTH SECT OF LAIS 627 E FOUNTAIN AVE ANCHORAGE ALASKA							FX.	
SHIPPER LONDON COMMERCIAL REFRIGERATOR CO 2200 KENNEDY ST PHILA PA							B L T O <i>10/12 3:00 pm</i> <i>10/12 2:00 pm</i> <i>10/12 1:00 pm</i>	

10/12

NOV 17 1972

demo fast freight, inc.

CONSIGNEE'S MEMO 6

SHIPPER LONDON COMMERCIAL REFRIGERATOR CO 2200 KENNEDY ST PHILA PA 19137		CONSIGNEE SEALAND SERVICE INC SEATTLE WASH	
DESCRIPTION OF ARTICLES RECEIVED 1 REFRIGERATOR 17 1/2 TON A/C AND ORANGE ALASKA		DATE 10 5 72	DESTINATION CODE SEAT 350
FREIGHT BILL		DATE 10 5 72	DESTINATION CODE SEAT 350
1 REFRIGERATOR		DATE 10 5 72	DESTINATION CODE SEAT 350
17 1/2 TON A/C AND ORANGE ALASKA		DATE 10 5 72	DESTINATION CODE SEAT 350

SEA-LAND SERVICE, INC.

CONTAINERS LOADED 2A D-66-etc	CHECKER 620	NO. PCS 1	FROM AF	TO 53515	DATE 10/12		
EXCEPT HANDLING	DATE	COMPLIANCE NO.	CLASS	TOTAL FEE	NET	OCEAN CHARGES	FEES
		471116-1225	C	507	1661	8421	
PAID FROM THIS BILLING	CHECK NUMBER	11 COD FREIGHT	12 COD FEE	13 CONTINUATION	14 SPECIAL DELIVERY	15 SPECIAL DELIVERY	16 SPECIAL DELIVERY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.R.L.	IN BOND	17 SPECIAL DELIVERY	18 SPECIAL DELIVERY	19 SPECIAL DELIVERY	20 SPECIAL DELIVERY	21 SPECIAL DELIVERY	22 SPECIAL DELIVERY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.C.D.		23 SPECIAL DELIVERY	24 SPECIAL DELIVERY	25 SPECIAL DELIVERY	26 SPECIAL DELIVERY	27 SPECIAL DELIVERY	28 SPECIAL DELIVERY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S.P.O.T.	C.S.L.	TOTAL CHARGES		8421			
<input type="checkbox"/>	<input type="checkbox"/>	TOTAL CHARGES		8421			

5/5

Handwritten signature and notes in a large circle.

Adm - 3 weeks ago stopped taking any more claims until next year.

MEMORANDUM

State of Alaska

TO:

37.25.010 Public finance - Misc. provisions

DATE:

FROM:

SUBJECT:

SB-78

- 1) Dating back 1971 & 1972 - Deceased Employee final payments
- 2) Div. of Adm. Services } 1973-1974 "state dated" legislation
Dept. of Adm. - capital office supply.
- 3) Misc. claims submitted but not approved
Glenn L. Miles Transportation - Western Alaska
- 4) Misc. claims to DOE - various vendors, state etc.
- 5) Div. of Adm. Dept. of Fish & Game - misc. claims
- 6) Dept. of H. & SS - billings not submitted - statute of limitation expired (various - after 1973)
- 7) Request from Dept. of Law - Alaska state attorney fees - Court order
- 8) Div. of Bldgs - Dept. of public works - various claims
Various misc. work, fuel, etc.
Public Light & Power
- 9) Dept. of Revenue - HB-482 - state debt - 1973 legislation, but died in the Ways ^{rule} Income Committee + Resubmitted including 1974 Misc. Claims
- 10) Div. of Adm. Wilson
Dept. of Fish & Game Pattenille

Chapter 25. Miscellaneous Provisions.

Section	Section
10. Unexpended balances of one-year appropriations	20. Unexpended balances of appropriations for capital projects

Sec. 37.25.010. Unexpended balances of one-year appropriations.

(a) The unexpended balance of a one-year appropriation authorized in an appropriation bill lapses on June 30 of the fiscal year for which appropriated. However, a valid obligation (encumbrance) existing on June 30 is automatically reappropriated for the fiscal year beginning on the succeeding July 1 if it is recorded with the Department of Administration by August 31 of the succeeding fiscal year.

(b) An indebtedness arising from a prior year for which the appropriation has lapsed shall be paid from the current year's appropriations, if (1) this expenditure does not exceed the balance lapsed; and (2) the original obligation date is not more than two years from the requested date of disbursement. (§ 1 ch 113 SLA 1962)

Sec. 37.25.020. Unexpended balances of appropriation for capital projects. An appropriation made for a capital project is valid for the life of the project and the unexpended balance shall be carried forward to subsequent fiscal years. Between July 1 and August 31 of each fiscal year, a statement supporting the amount of the unexpended balance required to complete the projects for which the initial appropriation was made and the amount that may be lapsed shall be recorded with the Department of Administration. (§ 2 ch 113 SLA 1962)

Chapter 30. Local Government Bonding.

Article

1. Anticipatory Borrowing (§§ 37.30.010—37.30.090)

Article I. Anticipatory Borrowing.

Section	Section
10. Borrowing in anticipation of the sale of bonds permitted	60 Security for repayment of revenue bonds
20 Issuance of notes	70 Limitation on issuance of notes
30 Issuance of new notes	80 Use of proceeds from sale of notes
40 Repayment of notes	90 Sale of notes
50. Security for repayment of general obligation bonds	

Sec. 37.30.010. Borrowing in anticipation of the sale of bonds permitted. A political subdivision of the state which is authorized by law to incur bonded indebtedness may borrow money in anticipation of the sale of general obligation and revenue bonds, if

(1) the general obligation bonds to be sold have been authorized by the governing body of the political subdivision and ratified by

Supplemental?

MEMORANDUM

State of Alaska

DEPARTMENT OF COMMERCE

#3

TO: Ron Lind, Deputy Director
Division of Budget & Management
Department of Administration

DATE: October 29, 1974

FILE NO:

TELEPHONE NO: 465-2505

SUBJECT: Miscellaneous Claims

RECEIVED
OCT 30 1974
BUDGET & MANAGEMENT

FROM: Lois J. Cook *LJ Cook*
Administrative Officer

Attached is a miscellaneous claims supplemental request which was submitted last year but not approved because the bill did not pass.

Please resubmit.

Attachment

#4

MEMORANDUM

State of Alaska

TO:

Myrton R. Charney, Director
Division of Budget and Management
Dept. of Administration

DATE : November 13, 1974

FROM:

William D. Thomson, Director
Management and Finance
Dept. of Education *WDT*

SUBJECT:

1975 Miscellaneous Claims

Attached is a listing of prior year indebtedness for which the Department of Education requests submission of a miscellaneous claims supplemental. The list contains the names of vendors, date of invoice, number of invoice, reasons for non-payment, and the amounts claimed. The attached envelope contains a copy of all invoices listed.

W. D. T.

<u>NAME OF VENDOR</u>	<u>DATE/INVOICE</u>	<u>INVOICE NUMBER</u>	<u>REASON FOR NON-PAYMENT</u>	<u>AMOUNT</u>
Alaska Airlines	2/2/71	027-6106435	Forwarded to us late by Univ. of Alaska	3.15
DHEW-PHS-AK Health Svc.	8-24-71	Area 72-1	Received late from SOS	4,914.42
Alaska Railroad	8-30-70	700261	Forwarded from other Depts; late arriving	6.68
Betty City Cleaners	8-11-71 8-4-71 4-20-71	07532 06386 01714	Unable to obtain invoices from company	364.10
Blake, Moffitt & Towne	11-17-69	167260	Duplicate shipment rec'd; one paid for	398.23
Central Scientific Co.	10-18-66 4-18-71	CJ92549 CJ92549A	Invoice rec'd 5-15-74	281.26
Copper Valley Fuel	11-17-70	11503	Invoice rec'd 2-20-73	15.00
Grossett-Dunlap	5-28-69 7-16-69 7-17-69	100775 OP45747 120308	Invoices outdated when received	7.41
Houghton-Mifflin	12-16-70 12-30-70 12-16-70	53700 55001 53702	Rec'd late from SOS	1,024.93
Island Flying Service	9-12-69	TR218213	Rec'd late from company	287.50
Fred G. Kohli	1-27-69 2-17-69 2-10-69 1-7-69	C6965 C7100 C7085 P17683	Rec'd late from company after they checked files	93.93
MacMillan Teachers Center	2-12-70 6-1-71	7537 206876	Invoices requested; none rec'd; have a statement	41.36
National Organization on Legal Problems of Education	3-9-71	PA14596	Rec'd invoice late	15.00

<u>NAME OF VENDOR</u>	<u>DATE/INVOICE</u>	<u>INVOICE NUMBER</u>	<u>REASON FOR NON-PAYMENT</u>	<u>AMOUNT</u>
SeaLand	4-29-70	992101051	Due to book audit, invoice rec'd late	22.56
Tok Distributing Soc.	4-30-70 10- -70 12-2-70 5-19-70	16695 17186 17291 16807	Sent to two other Depts. first; rec'd late	45.50
University Microfilm	1-14-71 6-26-70	670563 551864	Did not receive invoices until we requested them	76.75
H. W. Wilson Co	12-31-69	C21187	Invoice was not forwarded from Librarian	120.00
Yukon Office Supply	4-28-71 5-21-71 10-30-70	A 49828 A 52943 K 48079	Rec'd in DOE after two year limitation expired	93.05
Janice M Clark	2-17-74	Memorandum of Agreement for travel	Itinerary rec'd after close of fiscal year	140.00

TOTAL: \$7950.83

MEMORANDUM

State of Alaska #5

TO: Ron Lind, Deputy Director
Division of Budget and Management
Department of Administration

DATE: November 26, 1974

FILE NO:

TELEPHONE NO:

FROM: Vern Roberts, Director *V.R.*
Division of Administration
Department of Fish and Game

SUBJECT: 1975 Miscellaneous
Claims Supplemental

We are requesting a supplemental appropriation for the following miscellaneous claims (see attached).

Sterling Marine Products	FP0212163 Inv 006007	5/9/72	8.32
VWR Scientific	FP0229671 Inv05-027-0242	6/12/72	78.56
VWR Scientific	FP0229670 Inv05-055-7612		115.30
Unv. of Alaska	FP0229914	12/1970	216.30
Unv. of Alaska	FP0229915	1/1971	21.25
Univ. of Alaska	FP0229916	7/1971	6.30
Unv. of Alaska	FP0229917	8/1971	68.46
Unv. of Alaska	FP0229918	12/1971	36.50
Stanford Research Inst.	FP0221912 Inv902523	6/7/71	12.50
Baranof Book Store	Inv9965	4/15 & 4/27/71	333.36

We can offer no explanation of why the payments are late other than the fact that the original billings were probably misplaced.

To our knowledge, sufficient funds were lapsed in the year involved and the claims have not been paid.

Sterling Marine Products

a Division of Sterling Net & Twine Co., Inc.
7 OAK PLACE • MONTCLAIR, NEW JERSEY 07042 • phone: (201) 783-9800
Maine Plant . . . JONESPORT, MAINE 04649 • phone: (207) 497-5635

Date 11/12/74

Attn: Accounts Payable Department

D.E. Jones
ADF G
Box 667
Petersburg, Alaska 99833

Re: Your P.O.# 212163

Dated 9/72

Our Inv.# 0289

Amt. of Inv. \$8.32

Dear Sir:

Our records show your above purchase order has been shipped and we invoiced you.

The invoice is now past due and we would like to inquire about its status. Could you please advise whether you received the merchandise and if so when you would expect to make payment?

In the space below may we have your reply? Thank you.

Very truly yours,

Deborah Pascale

Sterling Net and Twine Co., Inc.

Date _____

Reply: _____

PAST DUE
PLEASE REMIT

Federal Truth-in-Lending Act

We will bill your account a 1 1/2% Finance Charge per Month or Annual Rate of 18% on all unpaid balances beyond the Normal Terms of Sale.

Signed _____

**IF PAID
PLEASE SEND COPY OF
CANCELLED CHECK**

"Manufacturers of Sporting and Fishing Nets for Every Purpose"

INVOICE



STERLING NET & TWINE CO., INC.

7 OAK PLACE
 MONTCLAIR, NEW JERSEY 07042
 RECREATION, EDUCATIONAL AND MARINE PRODUCTS
 TELEPHONE: (201) 783-9800

INVOICE
 NUMBER
 2
 13
 X

SOLD TO
 P. E. Jones
 ADI FC
 Box 667
 Potosi, Alaska 99833

SHIP TO
 Same
 P
 T
 O

SAME AS SOLD TO UNLESS OTHERWISE INDICATED

INVOICE DATE 2/9/72	OUR ORDER NO. 000007	YOUR ORDER NO. 212159	TERMS net 30	SALESMAN B-21
DATE SHIPPED 4/27/72	VIA AIR X	COMMON CARRIER	F O B DESTINATION	ORIGIN 2
	U.S.	HLA		PPD OR COLL 3

QUANTITY	DESCRIPTION	PRICE	
212	1" Sq. Bulk Knotted Nylon Seine Netting 6' deep	2.7910	5.53
	FREIGHT		2.74
	SHIP Air Parcel Post		8.32
	TOTAL		8.32

P. E. Jones
Statement 10/8/73
11-41-4-001-490
11/8/70
Acc
A/P card

"Seller represents that with respect to the goods and the services covered by the invoice, it has fully complied with the provisions of the Fair Labor Standards Act of 1938, as amended."

No claims allowed after 10 days

ACCOUNTING COPY

Interest of 18% per annum on overdue accounts.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX



UNIVERSITY OF ALASKA
COLLEGE, ALASKA 99701

May 30, 1974

JUL 16 74 00000

Mrs. Wilma Wallace
State of Alaska Dept. of Fish & Game
1300 College Road
Fairbanks, Alaska 99701

Dear Mrs. Wallace;

Enclosed are copies of the invoices for computer center charges that we have outstanding on your account.

December 1970	\$216.21
December 1970	.10
January 1971	20.16
January 1971	1.09
July 1971	1.80
August 1971	68.46
August 1971	4.50
December 1971	36.50
February 1973	390.26
	<u>\$739.08</u>

paid

We should be receiving the breakdown on services at Arctic Biology from Joe Nava, and as soon as we receive them a corrected billing will be sent.

The other problem as you know is payment for the Library card for Stephen Tack. We have no record of having received your check.

If you have any questions on the computer center invoices please call.

Sincerely yours,

Anne M. Powers
Anne M. Powers
Accounts Receivable

Encl.

Invoice to replace old bills of
4-15-71 and 4-27-71

1000048 / 1000

JUN 7 8 74 0000

Sold To

Dept. of Fish & Game
Support Building
Juneau, AK 99801

INVOICE

Shipped To

Address

OUR NUMBER 9965
DATE 6-18-74
CUSTOMER'S ORDER JGS SALESMAN
TERMS
F. O. B.

Books from invoice 4859 (signed by Richard Gordon)			332	41
Environmental Handbook (from invoice 9801, signed by Jay McAllister				95
		\$#	332	36

Rediform
7H 723

MEMORANDUM

State of Alaska

#7

TO: Ron Lind, Deputy Director
Division of Budget and Management
Department of Administration

DATE: Nov. 19, 1974

FILE NO:

TELEPHONE NO:

FROM: *Robert F. Schroeder*
Robert F. Schroeder
Legal Administrator
Department of Law

SUBJECT: 1975 Miscellaneous Claims

RECEIVED
NOV 22 1974
BUDGET & MANAGEMENT

In reply to your memo of October we would like two claims to be included in the miscellaneous supplemental request.

One is for \$3,683.88 as Alaska's share of the attorney fees in Wilderness Society v. Morton and payment was ordered in April, 1974 by the U.S. Court of Appeals.

The other is attorney fees ordered by the Superior Court, Juneau in APEA v. State of Alaska in September. We have paid \$346.50 and there is a balance of \$1,850.00.

The balance in our Judgment account is \$1,477.07 which is in-sufficient to pay these costs.

RFS:J

Enc.

Handwritten calculations:
3683.88
11051.62
1850.00
1515
7048.89

Handwritten: 7010.75

Schweder

COVINGTON & BURLING
888 SIXTEENTH STREET, N. W.
WASHINGTON, D. C. 20006

TELEPHONE
(202) 442-6000

TWX: 710-822-0005
TELEX: 89-500
CABLE: COVLING

WRITER'S DIRECT DIAL NUMBER

452-6192

November 12, 1974

RECEIVED
Department of Law

NOV 15 1974

AM 1 2 3 4 5 6 PM

The Honorable Norman C. Gorsuch
Attorney General
State of Alaska
State Capitol -- Pouch K
Juneau, Alaska 99811

Dear Norm:

A

On April 4, 1974, the Court of Appeals entered its order taxing costs (apart from attorneys' fees) in Wilderness Society v. Morton against the United States, Alaska and Alyeska. A copy of the order was sent to you and Guy Martin under a memo dated April 5, 1974. I am enclosing another copy.

You will recall that at the same time as this order was entered the Court of Appeals handed down its opinion holding that Alyeska should pay 50 percent of the attorneys' fees requested by the plaintiffs. The attorneys' fees judgment is now pending on review on the merits in the Supreme Court.

The costs other than the attorneys' fees were never questioned by us or the United States, and the April 4 order reflects rejection by the Court of Appeals of certain objections that Alyeska made. Recently there has been correspondence between Dennis Flannery for the plaintiffs and Bob Jordan for Alyeska relating to satisfaction of the order taxing costs. Copies of the letters that have been exchanged are enclosed also.

The sum of all this is that Alaska's share of the costs is \$3,683.88 and we have no reason not to pay. A check should be made out in that amount to "Dennis M. Flannery, Attorney," and sent to him at 1666 K Street, N.W., Washington, D.C. 20006.

Sincerely,

Bill Allen
William H. Allen

ljk
Enclosures
cc: Guy R. Martin, Esq.

United States Court of Appeals

FOR THE DISTRICT OF COLUMBIA CIRCUIT

No. 72-1796, 72-1797 & 72-1798

September Term, 19 73

THE WILDERNESS SOCIETY, ENVIRONMENTAL DEFENSE
FUND, INC., FRIENDS OF THE EARTH and DAVID
ANDERSON, CANADIAN WILD LIFE FEDERATION and
THE CORDOVA DISTRICT FISHERIES UNION, Appellants

Civil Action No. 928-70

United States Court of Appeals
for the District of Columbia Circuit

v.

FILED APR 4 1974

HUGH E. KLINE
CLERK

ROGERS C. B. MORTON, Secretary of the Interior,
EARL L. BUTZ, Secretary of Agriculture, and
ALYESKA PIPELINE SERVICE COMPANY and
STATE OF ALASKA

Before: BAZELON, Chief Judge, and WRIGHT, LEVENTHAL, ROBINSON, MacKINNON, ROBB
and WILKEY, Circuit Judges, sitting en banc.

ORDER

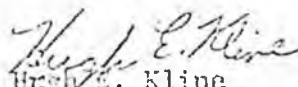
On consideration of the bills of costs and memoranda filed with respect thereto,
it is

ORDERED by the court en banc that all expenses requested by appellants Wilderness
Society, Environmental Defense Fund, Inc., and Friends of the Earth are approved. Costs
therefore are hereby taxed in favor of the aforesaid appellants in the amount of \$11,-
051.65 against Alyeska Pipeline Service Company, the State of Alaska, and the United
States of America. It is

FURTHER ORDERED by the court en banc that the bill of costs is hereby remanded to
the District Court for the setting of attorneys' fees in accordance with the opinion
filed herein this date.

Per Curiam

For the Court


Hugh E. Kline
Clerk

Date: April 4, 1974

Opinion for the court filed by Circuit Judge Wright.
Dissenting opinion filed by Circuit Judge MacKinnon.
Dissenting opinion, in which Circuit Judges MacKinnon and Robb join, filed by Circuit
Judge Wilkey.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
 FIRST JUDICIAL DISTRICT
 at Juneau

SEP 16 1974

ALASKA PUBLIC EMPLOYEES
 ASSOCIATION, et al.,
 Plaintiff
 VS
 STATE OF ALASKA and COMMISSIONER
 OF ADMINISTRATION, JOSEPH R. HENRI,
 Defendant

RECEIVED
 Department of Law
 SEP 20 1974
 7:18:10 AM
 12:12:13 PM
 12:45:16 PM

Judith R. Jones, Clerk
 By: Joseph Smith, Deputy

BILL OF COSTS
 No. 72-298

Judgment having been entered in the above-entitled action on the 10th day of September, 1974, against the defendants, the Clerk is requested to tax the following as costs:

BILL OF COSTS

Fees of the clerk	\$ 30.00
Fees for service of process.....	\$ 12.00
Fees for part for all or any part of the transcript necessarily obtained for use in case.....	\$
Fees and disbursements for printing.....	\$
Fees for witnesses (itemize on reverse side).....	\$
Fees for certified copies of papers necessarily obtained for use in the case.....	\$
Docket fees (if any).....	\$
Costs incident to the taking of depositions.....	\$
Costs as shown on Mandate of the Supreme Court.....	\$ 346.50
Attorney Fees	1850.00 ✓

NOTE: The State has already paid the \$346.50 shown on the Mandate of the STATE OF ALASKA) Supreme Court. Total \$2238.50
 First Judicial District)

I, William B. Rozell do hereby swear that the foregoing costs are correct and were necessarily incurred in this action and that the services for which fees have been charged were actually and necessarily performed. A copy was this day mailed to the Attorney General with postage fully-prepaid thereon.

William B. Rozell
 Attorney for Plaintiffs

Subscribed and sworn to before me this 16th day of September, 1974, at Juneau, Alaska.

Thomas G. Rose
 Notary Public for Alaska
 My commission expires 6/3/77

Costs are hereby taxed in the amount of \$ 2238.50 this 20th day of September, 1974 less what has previously been paid.
 SERVICE AND RECEIPT OF COPY acknowledged this 17th day of September, 1974.
 By Judith R. Jones Clerk

Roberta

SUPREME COURT OF THE UNITED STATES
OFFICE OF THE CLERK
WASHINGTON, D. C. 20543

March 27, 1974

Norman C. Gorsuch, Esquire
Atty General of Alaska
Pouch K, Capitol Bldg.
Juneau, Alaska 99801

RECEIVED
Department of Law
APR 1 1974
OFFICE OF THE FEDERAL ATTORNEY
GENERAL
WASHINGTON, D.C.

Attention: Mr. Charles M. Merriner

RE: Davis v. Alaska, No. 72-5794

Dear Mr. Gorsuch:

The mandate of this Court in the above-entitled case has been mailed today to the Clerk of the Supreme Court of Alaska.

As this case was reversed with costs, the following item is due and payable to the Clerk of the Supreme Court of the United States:

Printing of record \$1,515.00

OK to pay
mc

Kindly forward your check for the above amount to the Office of the Clerk, Attention of Mr. Edward Faircloth, at an early date.

Very truly yours,

MICHAEL RODAK, JR., Clerk

By *Evelyn R. Limstrong*

(Mrs.) Evelyn R. Limstrong
Assistant

STATE
of ALASKA

MEMORANDUM

#9

TO: Mr. Ron Lind, Deputy Director
Budget and Management
Department of Administration

DATE : January 16, 1975

FROM: *JMD*
Mr. John M. Daugherty, Director
Treasury Division
Department of RevenueSUBJECT: Request by payees for payment
of "Stale Dated" Warrants for
Calendar years 1973 and 1974,
Totaling \$3,914.84.

The following is a list of "Stale Dated" warrants for which the payees have contacted the Treasury Division requesting payment. Each payee was required to forward either the original warrant or a xerox copy of their warrant as evidence that the item had not been paid. In checking our records of redeemed warrants the items listed below are legitimate claims and have not been paid because of Stale date.

This listing covers a period of approximately two years from February 1973 through November 1974.

House Bill 482 covering the 1973 warrants (copy attached) was presented to the 1973 Legislature requesting an appropriation to allow payment for the 1973 items, but died in the Ways and Means Committee. Since these items continue to remain legitimate claims, I am including the 1973 requests for payment with those received during the calendar year 1974 in the following listing:

Fairbanks Clinic Building	\$	321.42
Charles F. Wayer, Jr.		167.50
Lynn E. Kriley		21.91
Doyle M. Jowers		100.00
Joe Chin		2.94
Dr. L. A. Johnson		80.00
Henry F. Svetina		15.00
Maxine R. Graham		500.53
Internal Revenue Service		182.58
R. C. and L. C. Sears		3.00
Verona Bowles		11.35
Susan Bullock Stone		18.32
H. L. Kirby		35.58
Mary E. Bahr, Administrator of Estate of Peter O. Bahr		310.26
United Vill Volunteer Fire Department		<u>2,144.45</u>
	\$	3,914.84

1209.30

JMD:il
Attachment

Original sponsor: Rules Committee by
request of the Governor

Offered: 4/25/74
Referred: Rules

1 IN THE HOUSE

BY THE FINANCE COMMITTEE

2

SENATE CS FOR HOUSE BILL NO. 482

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

EIGHTH LEGISLATURE - SECOND SESSION

5

A.BILL

6

For an Act entitled: "An Act making supplemental appropriations for miscel-

7

laneous claims; and providing for an effective date."

8

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9

* Section 1. The sum of \$17,043.27 is appropriated from the general fund

10

for miscellaneous claims as follows:

11

(1) Department of Revenue for stale date warrants \$1,209.30

12

(2) Department of Public Works for vendor claims

13

against the division of buildings \$2,744.70

14

(3) Department of Administration for vendor

15

claims \$ 178.65

16

(4) Department of Administration for final

17

payment to beneficiaries and estates of deceased persons \$2,712.37

18

(5) Department of Health and Social Services

19

for vendor claims \$8,661.65

20

(6) Department of Commerce for vendor claims \$ 21.60

21

(7) Department of Law for assigned court costs \$1,515.00

22

* Sec. 2. This Act takes effect on the day after its passage and approval

23

or on the day it becomes law without approval.

24

25

26

27

28

29

STATE OF ALASKA

WILLIAM A. EGAN, GOVERNOR

DEPARTMENT OF ADMINISTRATION

DIVISION OF BUDGET & MANAGEMENT

POUCH C — JUNEAU 99801

March 27, 1974

The Honorable Clifford J. Groh
Alaska State Legislature
State Capitol
Juneau, Alaska 99801

Dear Senator Groh:

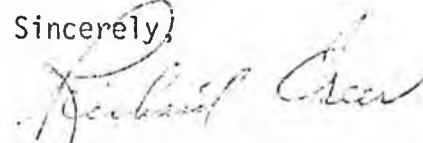
I am requesting that HB 482 "An Act making supplemental appropriations for miscellaneous claims; and providing for an effective date" be amended to provide funds for one additional state dated warrant received by the Department of Revenue. This bill should be amended as follows:

change line 11 to read

(1) Department of Revenue for state date warrants \$1209.30

The Department of Revenue should be contacted if there are any questions concerning this revision or the attached documents.

Sincerely,



Richard Freer, Deputy Commissioner
Department of Administration

Attachment

cc: Jay Hogan

MEMORANDUM

State of Alaska

TO: Mr. Ron Lind
Deputy Director, Budget Management

DATE : March 22, 1974

FROM:

C
John W. Fourharty
Dir. Treasury Division

SUBJECT: Request for additional appropriation
for payment of State Dated
warrant.

On this date Maxine R. Graham delivered the following described
Payroll warrant, requesting if possible that it be included in the appropriation
request for payment of State Dated Warrants.

Warrant No. 150550 dated Jan 31, 1972 in the amount of \$ 500.53
Original warrant in custody of warrant redemption section.

MEMORANDUM

TO: Mr. Ron Lind
Budgets and Management

DATE: 12/3/73

FILE NO:

FROM: John M. Daugherty
Director of the Treasury

SUBJECT: Stale dated warrants for
which appropriations are
requested

Fairbanks Clinic Bldg. Corp. -----	\$321.42
Charles F. Wayer -----	167.50
Mr. Lynn E. Kriley -----	21.91
Doyle Jowers -----	100.00
Joe Chinn -----	2.94
Dr. L.A. Johnson -----	80.00
Mr. Henry F. Svetina -----	15.00

Total
\$703.77

Mazzino S. Graham

500.53

late request (see letter in
file) as attached.

Total
\$1,209.30

TO: John Daugherty

DATE: March 21, 1974

FROM: Marion R. Graham

SUBJECT: State-Dated Warrant

Enclosed please note my state-dated
Warrant # 154550.

I would be very grateful if this
could be sanctioned for issuance
by the Legislature now in session.

06-52-40-02

THIS WARRANT WILL BE DEEMED PAID UNLESS REDEEMED WITHIN TWO YEARS AFTER DATE OF ISSUE PER AS 27.05.180

STATE OF ALASKA
TREASURY WARRANT

89-52
1252 No 154550

DATE OF ISSUE

01-31-72 PAY

PAYROLL

***500.53

TO THE
ORDER OF

MAXINE R GRAHAM

PR012772


500.53

⑆ 1 25 2 00 5 2 ⑆

Jacqueline H. ...
 CLERK OF THE COURT
 ⑈0000050053⑈

MEMORANDUM**State of Alaska**

TO: Mr. Ron Lind
Deputy Director, Budget Management

FROM: 
John M. Daugherty
Dir. Treasury Division

DATE : March 22, 1974

SUBJECT: Request for additional appropriation
for payment of State Dated
warrant.

On this date Maxine R. Graham delivered the following described
Payroll warrant, requesting if possible that it be included in the appropriation
request for payment of State Dated warrants.

Warrant No. 154550 dated Jan 31, 1972 in the amount of \$ 500.53

Original warrant in custody of warrant redemption section.



MEMORANDUM

TO: Mr. Ron Lind
Budgets and Management

DATE: 12/3/73

FILE NO:

FROM: John M. Daugherty
Director of the Treasury

SUBJECT: State dated warrants for
which appropriations are
requested

Fairbanks Clinic Bldg. Corp. -----	\$321.42
Charles F. Wayer -----	167.50
Mr. Lynn E. Kriley -----	21.91
Doyle Jowers -----	100.00
Joe Chinn -----	2.94
Dr. L.A. Johnson -----	80.00
Mr. Henry F. Svetina -----	15.00

Total \$708.77

Maxine R. Graham

500.53

late request (see letter in
file) as attached.

Total \$1,209.30

STATE
OF ALASKA

MEMORANDUM

TO: John Daugherty

DATE: March 21, 1974

FROM: Maxine R Graham

SUBJECT: Stale-Dated Warrant

Enclosed please note my stale-dated
Warrant # 154550.

I would be very grateful if this
could be sanctioned for reissue
by the legislature now in session.

06-52-40-02

THIS WARRANT WILL BE DEEMED PAID UNLESS REDEEMED WITHIN TWO YEARS AFTER DATE OF ISSUE PER AS 37.05.180

STATE OF ALASKA
TREASURY WARRANT

89-52
1252 No 154550

PAYROLL

DOLLARS CENTS
***500.53

NOT VALID FOR
OVER \$10,000.00

DATE OF ISSUE

01-31-72 **PAY**

TO THE
ORDER OF

MAXINE R GRAHAM

PR012772

500.53

James R. Harris
COMMISSIONER OF ADMINISTRATION

⑈0000050053⑈

⑈1252⑈0052⑈

fm
BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

1 IN THE SENATE

2 SENATE BILL NO. 78

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 NINTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a special appropriation for the payment
7 of miscellaneous claims; and providing for an effective
8 date."
9

10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

11 * Section 1. The sum of \$45,910.68 is appropriated from the general
12 fund for the fiscal year ending June 30, 1975 to be allocated as follows:

13 Department of Administration, final payment
14 to beneficiaries and estates of deceased
15 persons

\$2,712.37 ✓ 1

16 Department of Administration, vendor claims

172.65

18 Department of Commerce, vendor claims

21.60 ✓ 2

19 Department of Education, vendor claims

7,950.83 ✓ 3

20 Department of Fish and Game, vendor claims

896.85 ✓ 4

21 Department of Health and Social Services,
22 vendor claims

9,302.51 ✓ 5

23 Department of Law, assigned court costs

7,042.88 ✓ 6

24 Department of Public Works, vendor claims

13,884.15 ✓ 7

25 Department of Revenue, stale date warrants

3,914.84 ✓ 8

\$45,910.68

26 * Sec. 2. This Act takes effect immediately in accordance with AS 01.-
27 10.070(c).
28
29
30



RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James O. Smith
Signature of Camera Operator

2/8/90
Date

"An Act making a special appropriation for the payment of miscellaneous claims; and providing for an effective date."

COMMITTEE REPORT

Rules

3/18/75

HOUSE

Mr. Speaker:

Date May 19, 1975

The Committee on Finance has had SB 78 am

under consideration. A Majority of the members of the Committee

() recommends it DO PASS

() recommends it DO NOT PASS

() recommends it DO PASS WITH ATTACHED AMENDMENT(S)

(x) recommends it BE REPLACED WITH CS FOR CS FOR AND THAT

CS FOR CS FOR DO PASS

() "and" recommends it BE REFERRED TO THE _____

COMMITTEE

() reports it back WITHOUT RECOMMENDATION

() "other"

Members signing the Majority report:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Members NOT concurring in the Majority report:

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

H. Malone Chairman

Introduced: 1/28/75
Referred: Finance

1 IN THE SENATE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 SENATE BILL NO. 78 am

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 NINTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a special appropriation for the payment
7 of miscellaneous claims; and providing for an effective
8 date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 * Section 1. The sum of \$45,002.10 is appropriated from the general
11 fund for the fiscal year ending June 30, 1975 to be allocated as follows:

12 Department of Administration, final payment	
13 to beneficiaries and estates of deceased	
14 persons	\$2,712.37
15 Department of Administration, vendor claims	178.65
16 Department of Commerce, vendor claims	21.60
17 Department of Education, vendor claims	7,950.83
18 Department of Fish and Game, vendor claims	896.85
19 Department of Health and Social Services,	
20 vendor claims	9,302.51
21 Department of Law, assigned court costs	7,048.88
22 Department of Public Works, vendor claims	12,975.57
23 Department of Revenue, stale date warrants	<u>3,914.84</u>
24	\$45,002.10

25 * Sec. 2. This Act takes effect immediately in accordance with AS 01.-
26 10.070(c).

Introduced: 1/28/75
Referred: Finance

1 IN THE SENATE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 SENATE BILL NO. 78

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 NINTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act making a special appropriation for the payment
7 of miscellaneous claims; and providing for an effective
8 date."

9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

10 * Section 1. The sum of \$45,910.68 is appropriated from the general
11 fund for the fiscal year ending June 30, 1975 to be allocated as follows:

12 Department of Administration, final payment	
13 to beneficiaries and estates of deceased	
14 persons	\$2,712.37
15 Department of Administration, vendor claims	178.65
16 Department of Commerce, vendor claims	21.60
17 Department of Education, vendor claims	7,950.83
18 Department of Fish and Game, vendor claims	896.85
19 Department of Health and Social Services,	
20 vendor claims	9,302.51
21 Department of Law, assigned court costs	7,048.88
22 Department of Public Works, vendor claims	13,884.15
23 Department of Revenue, stale date warrants	<u>3,914.84</u>
24	\$45,910.68

25 * Sec. 2. This Act takes effect immediately in accordance with AS 01.-
26 10,070(c).

27
28
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January 28, 1975

SB 78am

The Honorable Chancy Croft
President of the Senate
Alaska State Legislature
Juneau, Alaska 99811

Dear Mr. President:

Pursuant to the Uniform Rules of the Legislature, I am transmitting a bill making a special appropriation to the various departments of state government for payment of miscellaneous claims in the amount of \$45,910.66. The bill itself is self-explanatory as to the specific allocations to be made from the total appropriation.

Sincerely,

Jay S. Hammond
Governor

STATE OF ALASKA

DEPARTMENT OF ADMINISTRATION

DIVISION OF BUDGET & MANAGEMENT

POUCH C — JUNEAU 99801

JAY S. HAMMOND, Governor

February 20, 1975

The Honorable Bill Ray
Chairman
Senate Finance Committee
Pouch V
Juneau, Alaska 99811

Attention: Senator George Hohman

Dear Senator Ray:

This is in response to a question raised by Senator Hohman at this morning's Senate Finance hearing concerning the Governor's requested supplemental appropriation for miscellaneous claims (SB 78).

After reviewing AS 37.25.010 (b) it is our interpretation that the claims associated with SB 78 are not legally payable with current year authorization. This is due to the fact that the provisions (1) and (2) of subsection (b) preclude such payment.

A copy of the proposed change to the SB 78 appropriated amount which I mentioned this morning is also attached. This alteration has the following effect:

Remove:	N.C. Machinery Claim	(\$935.58)
Add:	Spenard Builders (in. no. R27639)	18.04
Add:	Spenard Builders (in. no. C5972)	8.96
	Net effect of revision	<u>(\$908.58)</u>

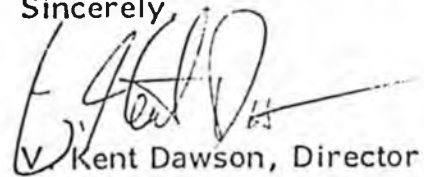
We accordingly recommend that SB 78 be amended to reduce the appropriated amount from \$45,900 to \$44,992; a reduction of \$908.00. Within the bill the amount appropriated to the Department of Public Works should be reduced by a like amount: \$908.58.

FILE -
OPY SEN. HOHMAN

February 20, 1975

To avoid miscellaneous claim supplemental appropriations in future fiscal years we have proposed that the General Appropriation Bill be footnoted to include the provision that it be allowable for the Governor's Contingency Fund to be used to pay obligations for any agency for any time period. HB 70 now includes that provision. We solicit your support in having such a provision included in the Senate's version of the budget bill this session!

Sincerely,



V Kent Dawson, Director

cc: Jay Hogan, Director, Legislative Finance

Attachment:

VKD/bc

File → Senate Bill 78

MEMORANDUM

State of Alaska
DEPARTMENT OF PUBLIC WORKS

TO: Ronald Lind, Deputy Director
Division of Budget & Management
Department of Administration

DATE: January 29, 1975

FILE NO: 131-1-03K & 131-1-03L

TELEPHONE NO:

FROM: *WHR*
William H. Race, P.E.
Director
Division of Buildings

SUBJECT: Miscellaneous Claims

The Division of Buildings, Department of Public Works requests the following listed attached invoices be included in the supplemental claims request.

<u>Vendor</u>	<u>Invoice Number</u>	<u>Date</u>	<u>Amount</u>
Spenard Builders	R27639	1/26/71	\$18.04
Spenard Builders	C5972	1/08/71	\$ 8.96

This Division also requests that the claims by N.C. Machinery turned in on a memo dated November 27, 1974 be taken from the supplemental claims request. N.C. Machinery has cancelled the balance they claimed was owing them. ^{935.58}

RECEIVED
JAN 30 1975
BUDGET & MANAGEMENT

MEMORANDUM

State of Alaska

TO: Mr. George Porter,
Chief of Maintenance
Division of Buildings
Juneau

DATE: January 21, 1975

FILE NO:

TELEPHONE NO:

FROM: Mr. Jesse R. Boyer, *JRB*
Building Management Supervisor
Division of Buildings
Anchorage

SUBJECT: N. C. Machinery Co.,
Past Due Balance

Attached are a statement and a credit memo on an account which has been in question for the past couple years. The account was, as admitted by N. C. Machinery Co.'s credit manager, in a terrible mess. There were double billings, unposted credits, mismatched invoices to purchase orders, etc.

It is my firm belief that all charges due N. C. Machinery Co. were paid by the State and that poor bookkeeping was the only reason for the balance which was claimed to be unpaid. N. C. Machinery Co. has now agreed and have cancelled the balance which has been carried for the past couple years.

JRB/rg

Attachments: as stated

Jan 27 1975

DIVISION:

01/27/75

MEMORANDUM

State of Alaska

TO: Mr. William Gillespie,
Cost Accountant
Division of Buildings
Juneau

DATE: January 23, 1975

FILE NO:

TELEPHONE NO:

FROM: Mr. Jesse R. Boyer, *JRB*
Building Management Supervisor
Division of Buildings
Anchorage

SUBJECT: Spenard Builders, Supply Account

By: Mr. Harold Henderson, *HN*
Supply Officer

We have worked on our account with Spenard Builder's Supply for some time and now have it down to only two old invoices which are reflected as unpaid. Information on these two invoices is as follows:

Invoice No.	Date	Amount	Remarks
R27639	1/26/71	\$18.04	Material was purchased for Ursa Minor School, Ft. Richardson on base schools. Purchase order 13-BA-5966 dated 1/26/71. Invoice was sent in for payment 3/8/71. Copies of PO and invoice are attached.
C5972	1/8/71	8.96	Material was purchased for Pitkas Point School on SR 5463 dated 1/8/71 and shipped to Pitkas Point Via Wien Consolidated on air bill number 212-273845. Invoice and air bill were sent in for payment 3/9/71. Copies attached.

We hope to get this account straight once and for all.

JRB/HH/rg

Attachments: as stated.

Jan 27
DIVISION