

**BOARD OF COUNTY COMMISSIONERS MEETING****Monday, December 1<sup>st</sup>, 2025****224 Seminary Street****Kenansville, N.C. 28349**

The Duplin County Board of County Commissioners held a meeting at 6:00 p.m. on Monday, December 1<sup>st</sup>, 2025, in the Commissioners Room located at 224 Seminary Street, Kenansville, N.C.

Present: Commissioners: Chairman Dexter B. Edwards; Vice-Chairman Elwood Garner; Jesse L. Dowe, III; Wayne Branch; and Justin Edwards.

Also Present: Lisa Hughes, Interim County Manager; Carrie Shields, Deputy County Manager; Tim Wilson, County Attorney; Chelsey Lanier, Finance Officer; Jaime W. Carr, Clerk to the Board; and Jasmine Savage, Administrative Specialist.

**Call to Order**

The meeting was called to order by Chairman Edwards.

**Invocation and Pledge of Allegiance**

Invocation was given by Commissioner Branch. Commissioner Branch then led those in attendance in the Pledge of Allegiance to the flag of the United States of America.

**Organizational Meeting Agenda**

Tim Wilson, County Attorney, requested the Board to elect a new Chairman for the Duplin County Board of Commissioners for the ensuing year.

Motion was made by Commissioner Garner, seconded by Commissioner J. Edwards, and carried unanimously, to elect Dexter Edwards as Chairman of the Duplin County Board of Commissioners for the ensuing year.

Chairman Edwards requested the election of a Vice-Chairman for the Duplin County Board of Commissioners for the ensuing year.

Motion was made by Commissioner J. Edwards, seconded by Chairman D. Edwards, and carried unanimously, to elect Elwood Garner as Vice-Chairman of the Duplin County Board of Commissioners for the ensuing year.

Chairman Edwards requested the adoption of a Resolution Establishing Regular Meeting Schedule for the Duplin County Board of Commissioners.

Motion was made by Commissioner J. Edwards, seconded by Commissioner Branch, and carried unanimously, to adopt a Resolution Establishing a Regular Meeting Schedule for the Duplin County Board of Commissioners and Authorize the

## **Approval of Regular Meeting Agenda**

Chairman Edwards asked if the members of the Board approved the proposed meeting agenda, and if any Board Member, County Manager/Deputy County Manager, or Clerk to the Board wished to make any changes or additions to the agenda. Commissioner Garner requested the removal of the scheduled presentation of a retirement plaque by Derrel Whaley from the regular meeting agenda.

Motion was made by Commissioner Dowe, seconded by Commissioner Branch, and carried unanimously, to approve the regular meeting agenda as amended.

## **Approval of the Consent Agenda**

Chairman Edwards asked if the Board members approved the proposed Consent Agenda and if any Board Member, County Manager/Deputy County Manager, or Clerk to the Board wished to make any changes or additions to the Consent Agenda. No additions/changes requested.

Motion was made by Commissioner J. Edwards, seconded by Commissioner Branch, and carried unanimously to approve the amended consent agenda as follows:

1. Budget Amendments Journal Entry Proof
2. Tax & Solid Waste Releases # 23826 - # 23907
3. Approve Late Elderly/Disability/Veterans Exclusion Applications
4. Duplin County Health Department Bad Debt Write-Offs Through October 31, 2022
5. Duplin County EMS Bad Debt Write-Offs Through October 31, 2015
6. Approve a contract between Duplin County and Emergency Transportation Associates, LLC in the amount of \$195,000 for the remounting of an ambulance and authorize the Chairman to sign.
7. Approve the Hurricane Florence Hazard Mitigation Grant Program Subrecipient Management Costs Supplemental Agreement for 4393-0025 and authorize the Chairman to sign.
8. Approve Duplin County Airport Work Authorization #13 with Parrish and Partners and authorize the Chairman to Sign.
9. Re-appoint Darrell Grubbs to the Regional Aging Advisory Committee (RAAC) for a term beginning November 1, 2025 and ending November 30, 2028.
10. Approve a Contract and Agreement between County Department of Social Services and Children's Home Society of North Carolina, Inc. and authorize the Chairman to sign.
11. Accept the FY24 State & Local Cybersecurity Grant Program Funds in the amount of \$234,378.20 to replace all end-of-life, Windows 10 computers in the county and authorize the Chairman to sign the corresponding grant agreement.
12. Award surveying services for Duplin County's 2024 Community Development Block Grant—Neighborhood Revitalization Program to Johnny Williams Land Surveying and authorize County Administration to approve and sign associated documents/contracts
13. Award asbestos services for Duplin County's 2024 Community Development Block Grant—Neighborhood Revitalization Program to Keenan Construction & Consulting and authorize County Administration to approve and sign associated documents/contracts
14. Award legal services for Duplin County's 2024 Community Development Block Grant—Neighborhood Revitalization Program to Mewborn & DeSelms Attorneys at Law and authorize County Administration to approve and sign associated documents/contracts
15. Adopt a Public Records Request and Transparency Policy and authorize the Chairman to sign



## **Approval of Minutes**

Regular Meeting held on November 3<sup>rd</sup>, 2025

Motion was made by Commissioner Branch, seconded by Commissioner Garner, and carried unanimously, to approve the minutes of the November 3<sup>rd</sup>, 2025 Board of Commissioners meeting as presented.

## **Regular Meeting Agenda**

### **Public Comments**

Judy Brown, a retired Duplin County employee, addressed the Board during public comment period to express her appreciation for their efforts in addressing concerns related to post-65 retiree insurance. She encouraged the Board to re-evaluate insurance options next year, emphasizing the importance of finding the best value and coverage, especially since the cost is shared equally between the County and its retired employees.

Woody Brinson, a retired Duplin County employee, addressed the Board during public comment period to voice his concerns regarding the consultant currently engaged by the County for post-65 retiree insurance services. Mr. Brinson also conveyed his dissatisfaction with the performance and service of Express Scripts.

Hope Tucker, a former Duplin County employee, addressed the Board during public comment period regarding her recent termination. Ms. Tucker stated that she was dismissed from Duplin County Animal Services on November 7, 2025, without prior disciplinary history. She stated the reason for her dismissal was a comment referencing a coworker as "Pocahontas," which she contends was misinterpreted and made without malice intent. Ms. Tucker believes the actual basis for her termination was her public disclosure of budgetary information revealing compensation disparities, despite her qualifications and experience. She indicated that she has documented concerns regarding workplace conditions and unaddressed complaints, which she states are supported by evidence. Ms. Tucker reaffirmed her dedication to animal welfare and ethical service, advocating for transparency, accountability, and integrity.

### **End Public Comments**

Chairman Edwards received road concerns on behalf of the North Carolina Department of Transportation (NCDOT). The following concerns were received:

- NCDOT mowing contract needs to be reviewed
- A sign indicating the presence of a child with autism in the area is requested for installation on Weston Road

Melissa Kennedy, E-911 Addressing Project Coordinator, appeared before the Board to conduct a public hearing to receive public comments regarding a request from Teresa Bell to name a lane at 2290 Hallsville Road, Beulaville; Limestone Township – Lula Lane in accordance with the Duplin County Addressing and Road Naming Ordinance.

### **Chairman Edwards opened the Public Hearing.**

No Public Comments.

### **Chairman Edwards closed the Public Hearing.**

Motion was made by Commissioner Garner, seconded by Commissioner J. Edwards, and carried unanimously, to name a lane at 2290 Hallsville Road, Beulaville; Limestone Township – Lula Lane in accordance with the Duplin County Addressing and Road Naming Ordinance.

Melissa Kennedy, E-911 Addressing Project Coordinator, appeared before the Board to conduct a public hearing to receive public comments regarding a request from the Town of Wallace to rename Medical Village Drive Municipal Drive in accordance with the Duplin County Addressing and Road Naming Ordinance.

**Chairman Edwards opened the Public Hearing.**

No Public Comments.

**Chairman Edwards closed the Public Hearing.**

Motion was made by Commissioner J. Edwards, seconded by Commissioner Branch, and carried unanimously, to name rename Medical Village Drive – Municipal Drive in accordance with the Duplin County Addressing and Road Naming Ordinance.

Ty Wellford with Davenport & Company and Ashley Jacobson with Sans Anderson PC appeared to update the Board on the refunding of the 2016 Limited Obligation Bonds (LOB's) that could potentially save the County \$1.2 million. These bonds were issued in the amount of \$52,640,000 to finance the cost of construction, renovating and equipping improvements to B.F. Grady Elementary School, Kenansville Elementary School, Rose Hill – Magnolia Elementary School, Wallace Elementary School, Warsaw Elementary School and North Duplin Elementary School. Mr. Wellford requested for a public hearing to be held and a Resolution be adopted.

**Chairman Edwards opened the Public Hearing.**

An individual from the public inquired as to what the current rate was.

Mr. Wellford informed them the current rate was 5%.

**Chairman Edwards closed the Public Hearing.**

Motion was made by Commissioner J. Edwards, seconded by Commissioner Garner, and carried unanimously, to adopt a Resolution approving the sale by Duplin County of a limited obligation refunding bond to refinance and refund costs of public-school facilities, approving certain documents and actions relating thereto and authorizing certain actions in connection therewith

Sheriff Stokes appeared before the Board to present retirement honors. He awarded retirement plaques and the Order of the Long Leaf Pine to Chief Deputy Phil Humphrey and First Sergeant Ben Parrish, and presented a retirement plaque along with the Old North State Award to Sergeant Randy Forster in recognition of their distinguished service.

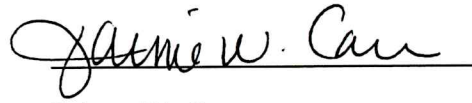
Lisa Hughes, Interim County Manager, appeared before the Board to make announcements/comments.

Motion was made by Commissioner Garner, seconded by Commissioner J. Edwards, and carried unanimously, to go out of regular session and into closed session for Legal Matters pursuant to NCGS § 143-318(a)(3) and Personnel Matters pursuant to NCGS § 143-318.11(a)(6)

Motion was made by Commissioner Branch, seconded by Commissioner Garner, and carried unanimously, to go out of closed session and back into open session.



Motion was made by Commissioner J. Edwards, seconded by Commissioner Garner, and carried unanimously, to adjourn until Monday, January 5<sup>th</sup>, 2026 for a Board of Commissioners meeting in the Administrative Building located at 224 Seminary Street, Kenansville, NC.

A handwritten signature in cursive script, reading "Jaime W. Carr", written over a horizontal line.

Jaime W. Carr  
Clerk to the Board

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County of Duplin  
Office of the County Commissioners



RESOLUTION  
ESTABLISHING REGULAR MEETING SCHEDULE  
FOR THE DUPLIN COUNTY BOARD OF COMMISSIONERS  
FOR CALENDAR YEAR 2026

**WHEREAS,** pursuant to NCGS § 153A-40, the Board may by resolution fix the time and place of its regular meetings, and

**WHEREAS,** the Duplin County Board of Commissioners will hold their regularly schedule meetings on the first Monday of each month beginning at 6:00 p.m., and

**WHEREAS,** the Duplin County Board of Commissioners will also hold a regularly scheduled meeting on the third Monday in the months of May and June beginning at 6:00 p.m., and

**WHEREAS,** the regularly scheduled meetings are held in the County Commissioners Meeting Room located in the County Administration Building located at 224 Seminary Street in Kenansville, NC, and

**WHEREAS,** in the event County offices are closed due to a holiday or adverse weather conditions the board meeting will be held on the next succeeding business day following the regular meeting schedule, and

**NOW, THEREFORE BE IT RESOLVED** that the Duplin County Board of Commissioners does hereby adopt this as the regular board meeting schedule to become effective upon this adoption.

Adopted this the 1<sup>st</sup> day of December, 2025.



Duplin County  
Board of Commissioners  
By:   
Chairman

ATTEST:  
  
Jaime W. Carr  
Clerk to the Board

Duplin County, NC



BUDGET AMENDMENTS JOURNAL ENTRY PROOF

| LN                        | ORG                  | OBJECT PROJ | ORG DESCRIPTION | ACCOUNT DESCRIPTION             | EFF DATE     | PREV BUDGET | BUDGET CHANGE | AMENDED BUDGET | ERR |
|---------------------------|----------------------|-------------|-----------------|---------------------------------|--------------|-------------|---------------|----------------|-----|
| ACCOUNT                   |                      |             |                 | LINE DESCRIPTION                |              |             |               |                |     |
| YEAR-PER JOURNAL          | EFF-DATE             | REF 1       | REF 2           | SRC JNL-DESC                    | ENTITY AMEND |             |               |                |     |
| 2026 05                   | 106 11/10/2025       | 1           |                 | BUA move funds                  | 1 1          |             |               |                |     |
| 1 7555 41060              | TRDF Airport Grant   |             |                 | CONSTRUCTION                    |              | .00         | -45,000.00    | -45,000.00     |     |
| 44-45-4530-7555-000-41060 |                      |             |                 | Xfer from Construction          |              | 11/10/2025  |               |                |     |
| 2 7555 41050              | TRDF Airport Grant   |             |                 | INSPECTION                      |              | .00         | 45,000.00     | 45,000.00      |     |
| 44-45-4530-7555-000-41050 |                      |             |                 | Xfer from Construction          |              | 11/10/2025  |               |                |     |
| ** JOURNAL TOTAL          |                      |             |                 |                                 |              |             | 0.00          |                |     |
| YEAR-PER JOURNAL          | EFF-DATE             | REF 1       | REF 2           | SRC JNL-DESC                    | ENTITY AMEND |             |               |                |     |
| 2026 05                   | 129 11/12/2025       |             |                 | BUA Transfer                    | 1 1          |             |               |                |     |
| 1 4520 45100              | TRANSPORTATION       |             |                 | CAPITAL OUTLAY                  |              | 130,000.00  | -12,086.57    | 117,913.43     |     |
| 64-70-4520-0000-000-45100 |                      |             |                 | To cover Uniform Expenses       |              | 11/12/2025  |               |                |     |
| 2 4520 42120              | TRANSPORTATION       |             |                 | UNIFORMS                        |              | 2,500.00    | 12,086.57     | 14,586.57      |     |
| 64-70-4520-0000-000-42120 |                      |             |                 | To cover Uniform Expenses       |              | 11/12/2025  |               |                |     |
| ** JOURNAL TOTAL          |                      |             |                 |                                 |              |             | 0.00          |                |     |
| YEAR-PER JOURNAL          | EFF-DATE             | REF 1       | REF 2           | SRC JNL-DESC                    | ENTITY AMEND |             |               |                |     |
| 2026 05                   | 273 11/20/2025       |             |                 | BUA STATE DOLL                  | 1 1          |             |               |                |     |
| 1 5142 35186              | CVD WISEWOMAN        |             |                 | CVD WISEWOMAN                   |              | -5,225.00   | 3,400.00      | -1,825.00      |     |
| 10-50-5100-5142-000-35186 |                      |             |                 | REDUCTION IN STATE DOLLARS      |              | 11/20/2025  |               |                |     |
| 2 5142 41990              | CVD WISEWOMAN        |             |                 | PROFESSIONAL SERVICES           |              | 4,225.00    | -3,400.00     | 825.00         |     |
| 10-50-5100-5142-000-41990 |                      |             |                 | REDUCTION IN STATE DOLLARS      |              | 11/20/2025  |               |                |     |
| ** JOURNAL TOTAL          |                      |             |                 |                                 |              |             | 0.00          |                |     |
| YEAR-PER JOURNAL          | EFF-DATE             | REF 1       | REF 2           | SRC JNL-DESC                    | ENTITY AMEND |             |               |                |     |
| 2026 05                   | 280 11/21/2025       |             |                 | BUA Tier II                     | 1 1          |             |               |                |     |
| 1 4330 34352              | Emergency Management |             |                 | NC Tier II Noncompetitive Grant |              | .00         | -3,000.00     | -3,000.00      |     |
| 10-43-4330-0000-000-34352 |                      |             |                 |                                 |              | 11/21/2025  |               |                |     |
| 2 4330 41990              | Emergency Management |             |                 | PROFESSIONAL SERVICES           |              | 9,400.00    | 3,000.00      | 12,400.00      |     |
| 10-43-4330-0000-000-41990 |                      |             |                 |                                 |              | 11/21/2025  |               |                |     |
| ** JOURNAL TOTAL          |                      |             |                 |                                 |              |             | 0.00          |                |     |
| YEAR-PER JOURNAL          | EFF-DATE             | REF 1       | REF 2           | SRC JNL-DESC                    | ENTITY AMEND |             |               |                |     |
| 2026 05                   | 305 11/24/2025       |             |                 | BUA raffle                      | 1 1          |             |               |                |     |



BUDGET AMENDMENTS JOURNAL ENTRY PROOF

| LN                        | ORG            | OBJECT PROJ     | ORG DESCRIPTION | ACCOUNT DESCRIPTION                       | EFF DATE     | PREV BUDGET | BUDGET CHANGE | AMENDED BUDGET |
|---------------------------|----------------|-----------------|-----------------|-------------------------------------------|--------------|-------------|---------------|----------------|
| ACCOUNT                   |                |                 |                 | LINE DESCRIPTION                          |              |             |               |                |
| YEAR-PER JOURNAL          | EFF-DATE       | REF 1           | REF 2           | SRC JNL-DESC                              | ENTITY AMEND |             |               |                |
| 2026 05                   | 305 11/24/2025 |                 |                 | BUA raffle                                | 1 2          |             |               |                |
| 1 4335                    | 34371          | EXPLORERS       |                 | SHERIFF/EXPLORER                          |              | .00         | -571.00       | -571.00        |
| 71-43-4310-4335-000-34371 |                |                 |                 | Explorers raffle - move to exp 11/24/2025 |              |             |               |                |
| 2 4335                    | 42980          | EXPLORERS       |                 | PROGRAM SUPPLIES                          |              | 73.96       | 571.00        | 644.96         |
| 71-43-4310-4335-000-42980 |                |                 |                 | Explorers raffle - move to exp 11/24/2025 |              |             |               |                |
| ** JOURNAL TOTAL          |                |                 |                 |                                           |              |             | 0.00          |                |
| YEAR-PER JOURNAL          | EFF-DATE       | REF 1           | REF 2           | SRC JNL-DESC                              | ENTITY AMEND |             |               |                |
| 2026 06                   | 2 12/02/2025   |                 |                 | BUA 120125C                               | 1 1          |             |               |                |
| 1 5600                    | 35602          | SENOIR SERVICES |                 | SHIIP GRANT                               |              | -4,532.00   | 52.00         | -4,480.00      |
| 10-50-5600-0000-000-35602 |                |                 |                 | Adjust budget                             |              | 12/02/2025  |               |                |
| 2 5601                    | 41860          | SHIIP           |                 | WORKERS COMPENSATION                      |              | 14.00       | -14.00        | .00            |
| 10-50-5600-5601-000-41860 |                |                 |                 | Adjust budget                             |              | 12/02/2025  |               |                |
| 3 5601                    | 43110          | SHIIP           |                 | TRAVEL                                    |              | 200.00      | -38.00        | 162.00         |
| 10-50-5600-5601-000-43110 |                |                 |                 | Adjust budget                             |              | 12/02/2025  |               |                |
| ** JOURNAL TOTAL          |                |                 |                 |                                           |              |             | 0.00          |                |
| YEAR-PER JOURNAL          | EFF-DATE       | REF 1           | REF 2           | SRC JNL-DESC                              | ENTITY AMEND |             |               |                |
| 2026 06                   | 3 12/02/2025   |                 |                 | BUA 120125C                               | 1 1          |             |               |                |
| 1 4100                    | 38398          | GENERAL FUND    |                 | INSURANCE SETTLEMENTS                     |              | -743.20     | -2,552.54     | -3,295.74      |
| 10-41-4100-0000-000-38398 |                |                 |                 | VEHICLE 984 SHERIFF                       |              | 12/02/2025  |               |                |
| 2 4310                    | 43530          | SHERIFF         |                 | REPAIRS VEHICLES                          |              | 100,743.20  | 2,552.54      | 103,295.74     |
| 10-43-4310-0000-000-43530 |                |                 |                 | VEHICLE 984 SHERIFF                       |              | 12/02/2025  |               |                |
| ** JOURNAL TOTAL          |                |                 |                 |                                           |              |             | 0.00          |                |
| YEAR-PER JOURNAL          | EFF-DATE       | REF 1           | REF 2           | SRC JNL-DESC                              | ENTITY AMEND |             |               |                |
| 2026 06                   | 4 12/02/2025   |                 |                 | BUA 120125C                               | 1 1          |             |               |                |
| 1 4100                    | 38398          | GENERAL FUND    |                 | INSURANCE SETTLEMENTS                     |              | -743.20     | -1,000.00     | -1,743.20      |
| 10-41-4100-0000-000-38398 |                |                 |                 | VEHICLE 984 SHERIFF                       |              | 12/02/2025  |               |                |
| 2 4310                    | 43530          | SHERIFF         |                 | REPAIRS VEHICLES                          |              | 100,743.20  | 1,000.00      | 101,743.20     |
| 10-43-4310-0000-000-43530 |                |                 |                 | VEHICLE 984 SHERIFF                       |              | 12/02/2025  |               |                |
| ** JOURNAL TOTAL          |                |                 |                 |                                           |              |             | 0.00          |                |



BUDGET AMENDMENTS JOURNAL ENTRY PROOF

| LN                         | ORG          | OBJECT PROJ      | ORG DESCRIPTION | ACCOUNT DESCRIPTION        | EFF DATE     | PREV BUDGET | BUDGET CHANGE | AMENDED BUDGET | ERR |
|----------------------------|--------------|------------------|-----------------|----------------------------|--------------|-------------|---------------|----------------|-----|
| ACCOUNT                    |              |                  |                 | LINE DESCRIPTION           |              |             |               |                |     |
| YEAR-PER JOURNAL           | EFF-DATE     | REF 1            | REF 2           | SRC JNL-DESC               | ENTITY AMEND |             |               |                |     |
| 2026 06                    | 5 12/02/2025 |                  |                 | BUA 120125C                | 1 1          |             |               |                |     |
| 1 4100                     | 38398        | GENERAL FUND     |                 | INSURANCE SETTLEMENTS      |              | -743.20     | -15,378.88    | -16,122.08     |     |
| 10-41-4100-0000-000-38398  |              |                  |                 | VEHICLE 1031 SHERIFF       |              | 12/02/2025  |               |                |     |
| 2 4310                     | 43530        | SHERIFF          |                 | REPAIRS VEHICLES           |              | 100,743.20  | 15,378.88     | 116,122.08     |     |
| 10-43-4310-0000-000-43530  |              |                  |                 | VEHICLE 1031 SHERIFF       |              | 12/02/2025  |               |                |     |
| ** JOURNAL TOTAL           |              |                  |                 |                            |              |             | 0.00          |                |     |
| YEAR-PER JOURNAL           | EFF-DATE     | REF 1            | REF 2           | SRC JNL-DESC               | ENTITY AMEND |             |               |                |     |
| 2026 06                    | 6 12/02/2025 |                  |                 | BUA 120125C                | 1 1          |             |               |                |     |
| 1 4100                     | 38398        | GENERAL FUND     |                 | INSURANCE SETTLEMENTS      |              | -743.20     | -5,825.00     | -6,568.20      |     |
| 10-41-4100-0000-000-38398  |              |                  |                 | EVENT CENTER STORM DAMAGES |              | 12/02/2025  |               |                |     |
| 2 6160                     | 43530        | Event Center     |                 | REPAIRS VEHICLES           |              | .00         | 5,825.00      | 5,825.00       |     |
| 10-60-6160-0000-000-43530- |              |                  |                 | EVENT CENTER STORM DAMAGES |              | 12/02/2025  |               |                |     |
| ** JOURNAL TOTAL           |              |                  |                 |                            |              |             | 0.00          |                |     |
| YEAR-PER JOURNAL           | EFF-DATE     | REF 1            | REF 2           | SRC JNL-DESC               | ENTITY AMEND |             |               |                |     |
| 2026 06                    | 7 12/02/2025 |                  |                 | BUA 120125C                | 1 1          |             |               |                |     |
| 1 66                       | 38398        | Solid waste      |                 | INSURANCE SETTLEMENTS      |              | -1,284.99   | -4,282.26     | -5,567.25      |     |
| 66-00-0000-0000-000-38398  |              |                  |                 | VEHICLE 906 SOLID WASTE    |              | 12/02/2025  |               |                |     |
| 2 7402                     | 43530        | DISPOSAL         |                 | REPAIRS VEHICLES           |              | 101,284.99  | 4,282.26      | 105,567.25     |     |
| 66-70-7400-7402-000-43530  |              |                  |                 | VEHICLE 906 SOLID WASTE    |              | 12/02/2025  |               |                |     |
| ** JOURNAL TOTAL           |              |                  |                 |                            |              |             | 0.00          |                |     |
| YEAR-PER JOURNAL           | EFF-DATE     | REF 1            | REF 2           | SRC JNL-DESC               | ENTITY AMEND |             |               |                |     |
| 2026 06                    | 8 12/02/2025 |                  |                 | BUA 120125C                | 1 1          |             |               |                |     |
| 1 5913                     | 38357        | LOTTERY PROCEEDS |                 | RR Lottery Revenue         |              | .00         | -219,464.00   | -219,464.00    |     |
| 27-59-5900-5913-000-38357  |              |                  |                 | Budget lottery funds       |              | 12/02/2025  |               |                |     |
| 2 5913                     | 45230        | LOTTERY PROCEEDS |                 | warsaw ES Flooring         |              | .00         | 17,000.00     | 17,000.00      |     |
| 27-59-5900-5913-000-45230  |              |                  |                 | 9-25-25 allocation         |              | 12/02/2025  |               |                |     |
| 3 5913                     | 45231        | LOTTERY PROCEEDS |                 | warsaw ES Awning           |              | .00         | 110,000.00    | 110,000.00     |     |
| 27-59-5900-5913-000-45231  |              |                  |                 | 9-25-25 allocation         |              | 12/02/2025  |               |                |     |



BUDGET AMENDMENTS JOURNAL ENTRY PROOF

| LN               | ORG     | OBJECT                     | PROJ  | ORG DESCRIPTION          | ACCOUNT DESCRIPTION       | EFF DATE     | PREV BUDGET | BUDGET CHANGE | AMENDED BUDGET |
|------------------|---------|----------------------------|-------|--------------------------|---------------------------|--------------|-------------|---------------|----------------|
| ACCOUNT          |         | LINE DESCRIPTION           |       |                          |                           |              |             |               |                |
| YEAR-PER         | JOURNAL | EFF-DATE                   | REF 1 | REF 2                    | SRC JNL-DESC              | ENTITY AMEND |             |               |                |
| 2026             | 06      | 8 12/02/2025               |       |                          | BUA 120125C               | 1 2          |             |               |                |
| 4                | 5913    | 45232                      |       | LOTTERY PROCEEDS         | North Duplin ES Awning    |              | .00         | 16,200.00     | 16,200.00      |
|                  |         | 27-59-5900-5913-000-45232  |       |                          | 9-25-25 allocation        |              | 12/02/2025  |               |                |
| 5                | 5913    | 45233                      |       | LOTTERY PROCEEDS         | Duplin Early College HVAC |              | .00         | 76,264.00     | 76,264.00      |
|                  |         | 27-59-5900-5913-000-45233  |       |                          | 9-25-25 allocation        |              | 12/02/2025  |               |                |
| 6                | 5913    | 33330                      |       | LOTTERY PROCEEDS         | EDUCATION LOTTERY REVENUE |              | -70,454.15  | -29,141.45    | -99,595.60     |
|                  |         | 27-59-5900-5913-000-33330  |       |                          | 10-28-25 allocation       |              | 12/02/2025  |               |                |
| 7                | 5913    | 38357                      |       | LOTTERY PROCEEDS         | RR Lottery Revenue        |              | .00         | -15,400.00    | -15,400.00     |
|                  |         | 27-59-5900-5913-000-38357  |       |                          | 10-28-25 allocation       |              | 12/02/2025  |               |                |
| 8                | 5913    | 45234                      |       | LOTTERY PROCEEDS         | Kenansville ES Roof       |              | .00         | 9,600.00      | 9,600.00       |
|                  |         | 27-59-5900-5913-000-45234  |       |                          | 10-28-25 allocation       |              | 12/02/2025  |               |                |
| 9                | 5913    | 45235                      |       | LOTTERY PROCEEDS         | JK Roof                   |              | .00         | 5,800.00      | 5,800.00       |
|                  |         | 27-59-5900-5913-000-45235  |       |                          | 10-28-25 allocation       |              | 12/02/2025  |               |                |
| 10               | 5913    | 45236                      |       | LOTTERY PROCEEDS         | Beulaville ES Drains      |              | .00         | 29,141.45     | 29,141.45      |
|                  |         | 27-59-5900-5913-000-45236  |       |                          | 10-28-25 allocation       |              | 12/02/2025  |               |                |
| ** JOURNAL TOTAL |         |                            |       |                          |                           |              |             | 0.00          |                |
| YEAR-PER         | JOURNAL | EFF-DATE                   | REF 1 | REF 2                    | SRC JNL-DESC              | ENTITY AMEND |             |               |                |
| 2026             | 06      | 10 12/02/2025              |       |                          | BUA 120125C               | 1 1          |             |               |                |
| 1                | 4411    | 34822                      |       | FEMA Cybersecurity Grant | FEMA Cybersecurity        |              | .00         | -234,378.20   | -234,378.20    |
|                  |         | 10-43-4330-4411-000-34822  |       |                          | Cybersecurity Grant       |              | 12/02/2025  |               |                |
| 2                | 4411    | 45100                      |       | FEMA Cybersecurity Grant | CAPITAL OUTLAY            |              | .00         | 234,378.20    | 234,378.20     |
|                  |         | 10-43-4330-4411-000-45100  |       |                          | Cybersecurity Grant       |              | 12/02/2025  |               |                |
| ** JOURNAL TOTAL |         |                            |       |                          |                           |              |             | 0.00          |                |
| YEAR-PER         | JOURNAL | EFF-DATE                   | REF 1 | REF 2                    | SRC JNL-DESC              | ENTITY AMEND |             |               |                |
| 2026             | 06      | 11 12/02/2025              |       |                          | BUA 120125C               | 1 1          |             |               |                |
| 1                | 4230    | 43540                      |       | INFORMATION TECHNOLOGY   | SOFTWARE MAINTENANCE      |              | 198,500.00  | -100,447.80   | 98,052.20      |
|                  |         | 10-41-4100-4230-000-43540- |       |                          | Grant match               |              | 12/02/2025  |               |                |
| 2                | 4411    | 45100                      |       | FEMA Cybersecurity Grant | CAPITAL OUTLAY            |              | .00         | 100,447.80    | 100,447.80     |
|                  |         | 10-43-4330-4411-000-45100  |       |                          | Grant match               |              | 12/02/2025  |               |                |
| ** JOURNAL TOTAL |         |                            |       |                          |                           |              |             | 0.00          |                |



BUDGET AMENDMENTS JOURNAL ENTRY PROOF

| LN       | ORG     | OBJECT                     | PROJ  | ORG DESCRIPTION      | ACCOUNT DESCRIPTION   | EFF DATE     | PREV BUDGET | BUDGET CHANGE | AMENDED BUDGET | ERR |
|----------|---------|----------------------------|-------|----------------------|-----------------------|--------------|-------------|---------------|----------------|-----|
| ACCOUNT  |         | LINE DESCRIPTION           |       |                      |                       |              |             |               |                |     |
| YEAR-PER | JOURNAL | EFF-DATE                   | REF 1 | REF 2                | SRC JNL-DESC          | ENTITY AMEND |             |               |                |     |
| 2026     | 06      | 12 12/02/2025              |       |                      | BUA 120125C           | 1 1          |             |               |                |     |
| 1        | 5167    | 40121                      |       | CHILD HEALTH         | SALARIES              |              | 385,515.00  | -43,905.00    | 341,610.00     |     |
|          |         | 10-50-5100-5167-000-40121  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 2        | 5167    | 40181                      |       | CHILD HEALTH         | SOCIAL SECURITY       |              | 28,777.00   | -9,020.00     | 19,757.00      |     |
|          |         | 10-50-5100-5167-000-40181  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 3        | 5167    | 40182                      |       | CHILD HEALTH         | RETIREMENT            |              | 42,582.00   | -8,000.00     | 34,582.00      |     |
|          |         | 10-50-5100-5167-000-40182  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 4        | 5167    | 40184                      |       | CHILD HEALTH         | Life Insurance        |              | 121.00      | -75.00        | 46.00          |     |
|          |         | 10-50-5100-5167-000-40184  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 5        | 5113    | 40121                      |       | COMMUNICABLE DISEASE | SALARIES              |              | 161,763.00  | -10,000.00    | 151,763.00     |     |
|          |         | 10-50-5100-5113-000-40121  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 6        | 5114    | 40121                      |       | IMMUNIZATIONS        | SALARIES              |              | 170,684.00  | -10,000.00    | 160,684.00     |     |
|          |         | 10-50-5100-5114-000-40121  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 7        | 5114    | 40182                      |       | IMMUNIZATIONS        | RETIREMENT            |              | 21,983.00   | -4,500.00     | 17,483.00      |     |
|          |         | 10-50-5100-5114-000-40182  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 8        | 5114    | 40183                      |       | IMMUNIZATIONS        | HOSPITAL INSURANCE    |              | 33,700.00   | -8,000.00     | 25,700.00      |     |
|          |         | 10-50-5100-5114-000-40183  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 9        | 5151    | 40121                      |       | PRIMARY CARE         | SALARIES              |              | 360,126.00  | -15,000.00    | 345,126.00     |     |
|          |         | 10-50-5100-5151-000-40121  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 10       | 5164    | 40121                      |       | FAMILY PLANNING      | SALARIES              |              | 291,141.00  | -12,000.00    | 279,141.00     |     |
|          |         | 10-50-5100-5164-000-40121  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 11       | 5164    | 40182                      |       | FAMILY PLANNING      | RETIREMENT            |              | 37,867.00   | -5,500.00     | 32,367.00      |     |
|          |         | 10-50-5100-5164-000-40182  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 12       | 5110    | 40121                      |       | HEALTH               | SALARIES              |              | 530,251.00  | -152,000.00   | 378,251.00     |     |
|          |         | 10-50-5100-5110-000-40121  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 13       | 5167    | 41990                      |       | CHILD HEALTH         | PROFESSIONAL SERVICES |              | 30,000.00   | 168,000.00    | 198,000.00     |     |
|          |         | 10-50-5100-5167-000-41990  |       |                      |                       |              | 12/02/2025  |               |                |     |
| 14       | 5114    | 41990                      |       | IMMUNIZATIONS        | PROFESSIONAL SERVICES |              | 1,500.00    | 22,500.00     | 24,000.00      |     |
|          |         | 10-50-5100-5114-000-41990- |       |                      |                       |              | 12/02/2025  |               |                |     |
| 15       | 5164    | 41990                      |       | FAMILY PLANNING      | PROFESSIONAL SERVICES |              | 18,600.00   | 17,500.00     | 36,100.00      |     |
|          |         | 10-50-5100-5164-000-41990  |       |                      |                       |              | 12/02/2025  |               |                |     |





BUDGET AMENDMENTS JOURNAL ENTRY PROOF

| LN               | ORG                       | OBJECT PROJ   | ORG DESCRIPTION      | ACCOUNT DESCRIPTION   | PREV         | BUDGET    | AMENDED    |
|------------------|---------------------------|---------------|----------------------|-----------------------|--------------|-----------|------------|
| ACCOUNT          |                           |               |                      | LINE DESCRIPTION      | EFF DATE     | BUDGET    | BUDGET     |
| YEAR-PER         | JOURNAL                   | EFF-DATE      | REF 1                | REF 2                 | SRC JNL-DESC | ENTITY    | AMEND      |
| 2026             | 06                        | 12 12/02/2025 |                      |                       | BUA 120125C  | 1         | 1          |
| 16               | 5113                      | 41990         | COMMUNICABLE DISEASE | PROFESSIONAL SERVICES | 6,771.88     | 10,000.00 | 16,771.88  |
|                  | 10-50-5100-5113-000-41990 |               |                      |                       | 12/02/2025   |           |            |
| 17               | 5151                      | 41990         | PRIMARY CARE         | PROFESSIONAL SERVICES | 19,900.00    | 15,000.00 | 34,900.00  |
|                  | 10-50-5100-5151-000-41990 |               |                      |                       | 12/02/2025   |           |            |
| 18               | 5114                      | 42370         | IMMUNIZATIONS        | INJECTABLES           | 69,295.33    | 45,000.00 | 114,295.33 |
|                  | 10-50-5100-5114-000-42370 |               |                      |                       | 12/02/2025   |           |            |
| ** JOURNAL TOTAL |                           |               |                      |                       |              | 0.00      |            |



BUDGET AMENDMENT JOURNAL ENTRY PROOF

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| YEAR PER       | JNL        |                                                                                  |       |       |       |                                  |       |           |           |
|----------------|------------|----------------------------------------------------------------------------------|-------|-------|-------|----------------------------------|-------|-----------|-----------|
| SRC ACCOUNT    | EFF DATE   | JNL DESC                                                                         | REF 1 | REF 2 | REF 3 | ACCOUNT DESC                     | T OB  | DEBIT     | CREDIT    |
| 2026 5 106     |            |                                                                                  |       |       |       | CONSTRUCTION                     | 5     |           | 45,000.00 |
| BUA 7555-41060 | 11/10/2025 | move funds 1                                                                     |       |       |       | T xfer from Construction         | 5     | 45,000.00 |           |
| BUC 7555-41050 | 11/10/2025 | move funds 1                                                                     |       |       |       | AT xfer from Construction        |       |           |           |
|                |            |                                                                                  |       |       |       | JOURNAL 2026/05/106              | TOTAL | .00       | .00       |
| 2026 5 129     |            |                                                                                  |       |       |       | CAPITAL OUTLAY                   | 5     |           | 12,086.57 |
| BUA 4520-45100 | 11/12/2025 | Transfer                                                                         |       |       |       | T To cover Uniform Expenses      | 5     | 12,086.57 |           |
| BUA 4520-42120 | 11/12/2025 | Transfer                                                                         |       |       |       | T UNIFORMS                       | 5     |           |           |
|                |            | Funds are needed to cover uniform invoices for the remainder of the fiscal year. |       |       |       | T To cover Uniform Expenses      |       |           |           |
|                |            |                                                                                  |       |       |       | JOURNAL 2026/05/129              | TOTAL | .00       | .00       |
| 2026 5 273     |            |                                                                                  |       |       |       | CVD WISEWOMAN                    | 5     | 3,400.00  |           |
| BUA 5142-35186 | 11/20/2025 | STATE DOLL                                                                       |       |       |       | T REDUCTION IN STATE DOLLARS     | 5     |           | 3,400.00  |
| BUA 5142-41990 | 11/20/2025 | STATE DOLL                                                                       |       |       |       | T PROFESSIONAL SERVICES          | 5     |           |           |
|                |            |                                                                                  |       |       |       | T REDUCTION IN STATE DOLLARS     |       |           |           |
|                |            |                                                                                  |       |       |       | JOURNAL 2026/05/273              | TOTAL | .00       | .00       |
| 2026 5 280     |            |                                                                                  |       |       |       | NC Tier II Noncompetitive Grant  | 5     |           | 3,000.00  |
| BUA 4330-34352 | 11/21/2025 | Tier II                                                                          |       |       |       | T PROFESSIONAL SERVICES          | 5     | 3,000.00  |           |
| BUA 4330-41990 | 11/21/2025 | Tier II                                                                          |       |       |       | T                                |       |           |           |
|                |            |                                                                                  |       |       |       | JOURNAL 2026/05/280              | TOTAL | .00       | .00       |
| 2026 5 305     |            |                                                                                  |       |       |       | SHERIFF/EXPLORER                 | 5     |           | 571.00    |
| BUA 4335-34371 | 11/24/2025 | raffle                                                                           |       |       |       | T Explorers raffle - move to exp | 5     | 571.00    |           |
| BUA 4335-42980 | 11/24/2025 | raffle                                                                           |       |       |       | T PROGRAM SUPPLIES               | 5     |           |           |
|                |            |                                                                                  |       |       |       | T Explorers raffle - move to exp |       |           |           |
|                |            |                                                                                  |       |       |       | JOURNAL 2026/05/305              | TOTAL | .00       | .00       |
| 2026 6 2       |            |                                                                                  |       |       |       | SHIIP GRANT                      | 5     | 52.00     |           |
| BUA 5600-35602 |            |                                                                                  |       |       |       |                                  |       |           |           |



BUDGET AMENDMENT JOURNAL ENTRY PROOF

| YEAR PER | JNL        |            |          |       |       |       |                            |       |    |           |           |
|----------|------------|------------|----------|-------|-------|-------|----------------------------|-------|----|-----------|-----------|
| SRC      | ACCOUNT    | EFF DATE   | JNL DESC | REF 1 | REF 2 | REF 3 | ACCOUNT DESC<br>LINE DESC  | T     | OB | DEBIT     | CREDIT    |
|          |            | 12/02/2025 | 120125C  |       |       |       | T Adjust budget            |       |    |           |           |
| BUA      | 5601-41860 |            |          |       |       |       | WORKERS COMPENSATION       | 5     |    |           | 14.00     |
|          |            | 12/02/2025 | 120125C  |       |       |       | T Adjust budget            |       |    |           |           |
| BUA      | 5601-43110 |            |          |       |       |       | TRAVEL                     | 5     |    |           | 38.00     |
|          |            | 12/02/2025 | 120125C  |       |       |       | T Adjust budget            |       |    |           |           |
|          |            |            |          |       |       |       | JOURNAL 2026/06/2          | TOTAL |    | .00       | .00       |
| 2026     | 6          | 3          |          |       |       |       |                            |       |    |           |           |
| BUA      | 4100-38398 |            |          |       |       |       | INSURANCE SETTLEMENTS      | 5     |    |           | 2,552.54  |
|          |            | 12/02/2025 | 120125C  |       |       |       | VEHICLE 984 SHERIFF        |       |    |           |           |
| BUA      | 4310-43530 |            |          |       |       |       | REPAIRS VEHICLES           | 5     |    | 2,552.54  |           |
|          |            | 12/02/2025 | 120125C  |       |       |       | VEHICLE 984 SHERIFF        |       |    |           |           |
|          |            |            |          |       |       |       | JOURNAL 2026/06/3          | TOTAL |    | .00       | .00       |
| 2026     | 6          | 4          |          |       |       |       |                            |       |    |           |           |
| BUA      | 4100-38398 |            |          |       |       |       | INSURANCE SETTLEMENTS      | 5     |    |           | 1,000.00  |
|          |            | 12/02/2025 | 120125C  |       |       |       | VEHICLE 984 SHERIFF        |       |    |           |           |
| BUA      | 4310-43530 |            |          |       |       |       | REPAIRS VEHICLES           | 5     |    | 1,000.00  |           |
|          |            | 12/02/2025 | 120125C  |       |       |       | VEHICLE 984 SHERIFF        |       |    |           |           |
|          |            |            |          |       |       |       | JOURNAL 2026/06/4          | TOTAL |    | .00       | .00       |
| 2026     | 6          | 5          |          |       |       |       |                            |       |    |           |           |
| BUA      | 4100-38398 |            |          |       |       |       | INSURANCE SETTLEMENTS      | 5     |    |           | 15,378.88 |
|          |            | 12/02/2025 | 120125C  |       |       |       | VEHICLE 1031 SHERIFF       |       |    |           |           |
| BUA      | 4310-43530 |            |          |       |       |       | REPAIRS VEHICLES           | 5     |    | 15,378.88 |           |
|          |            | 12/02/2025 | 120125C  |       |       |       | VEHICLE 1031 SHERIFF       |       |    |           |           |
|          |            |            |          |       |       |       | JOURNAL 2026/06/5          | TOTAL |    | .00       | .00       |
| 2026     | 6          | 6          |          |       |       |       |                            |       |    |           |           |
| BUA      | 4100-38398 |            |          |       |       |       | INSURANCE SETTLEMENTS      | 5     |    |           | 5,825.00  |
|          |            | 12/02/2025 | 120125C  |       |       |       | EVENT CENTER STORM DAMAGES |       |    |           |           |
| BUA      | 6160-43530 |            |          |       |       |       | REPAIRS VEHICLES           | 5     |    | 5,825.00  |           |
|          |            | 12/02/2025 | 120125C  |       |       |       | EVENT CENTER STORM DAMAGES |       |    |           |           |
|          |            |            |          |       |       |       | JOURNAL 2026/06/6          | TOTAL |    | .00       | .00       |
| 2026     | 6          | 7          |          |       |       |       |                            |       |    |           |           |
| BUA      | 66-38398   |            |          |       |       |       | INSURANCE SETTLEMENTS      | 5     |    |           | 4,282.26  |
|          |            | 12/02/2025 | 120125C  |       |       |       | VEHICLE 906 SOLID WASTE    |       |    |           |           |
| BUA      | 7402-43530 |            |          |       |       |       | REPAIRS VEHICLES           | 5     |    | 4,282.26  |           |



BUDGET AMENDMENT JOURNAL ENTRY PROOF

| YEAR PER | JNL        |            |          |       |       |       |                           |       |    |            |            |
|----------|------------|------------|----------|-------|-------|-------|---------------------------|-------|----|------------|------------|
| SRC      | ACCOUNT    | EFF DATE   | JNL DESC | REF 1 | REF 2 | REF 3 | ACCOUNT DESC<br>LINE DESC | T     | OB | DEBIT      | CREDIT     |
|          |            | 12/02/2025 | 120125C  |       |       |       | T VEHICLE 906 SOLID WASTE |       |    |            |            |
|          |            |            |          |       |       |       | JOURNAL 2026/06/7         | TOTAL |    | .00        | .00        |
| 2026     | 6          | 8          |          |       |       |       |                           |       |    |            |            |
| BUA      | 5913-38357 |            |          |       |       |       | RR Lottery Revenue        | 5     |    |            | 219,464.00 |
|          |            | 12/02/2025 | 120125C  |       |       |       | T Budget lottery funds    |       |    |            |            |
| BUA      | 5913-45230 |            |          |       |       |       | warsaw ES Flooring        | 5     |    | 17,000.00  |            |
|          |            | 12/02/2025 | 120125C  |       |       |       | T 9-25-25 allocation      |       |    |            |            |
| BUA      | 5913-45231 |            |          |       |       |       | warsaw ES Awning          | 5     |    | 110,000.00 |            |
|          |            | 12/02/2025 | 120125C  |       |       |       | T 9-25-25 allocation      |       |    |            |            |
| BUA      | 5913-45232 |            |          |       |       |       | North Duplin ES Awning    | 5     |    | 16,200.00  |            |
|          |            | 12/02/2025 | 120125C  |       |       |       | T 9-25-25 allocation      |       |    |            |            |
| BUA      | 5913-45233 |            |          |       |       |       | Duplin Early College HVAC | 5     |    | 76,264.00  |            |
|          |            | 12/02/2025 | 120125C  |       |       |       | T 9-25-25 allocation      |       |    |            |            |
| BUA      | 5913-33330 |            |          |       |       |       | EDUCATION LOTTERY REVENUE | 5     |    |            | 29,141.45  |
|          |            | 12/02/2025 | 120125C  |       |       |       | T 10-28-25 allocation     |       |    |            |            |
| BUA      | 5913-38357 |            |          |       |       |       | RR Lottery Revenue        | 5     |    |            | 15,400.00  |
|          |            | 12/02/2025 | 120125C  |       |       |       | T 10-28-25 allocation     |       |    |            |            |
| BUA      | 5913-45234 |            |          |       |       |       | kenansville ES Roof       | 5     |    | 9,600.00   |            |
|          |            | 12/02/2025 | 120125C  |       |       |       | T 10-28-25 allocation     |       |    |            |            |
| BUA      | 5913-45235 |            |          |       |       |       | JK Roof                   | 5     |    | 5,800.00   |            |
|          |            | 12/02/2025 | 120125C  |       |       |       | T 10-28-25 allocation     |       |    |            |            |
| BUA      | 5913-45236 |            |          |       |       |       | Beulaville ES Drains      | 5     |    | 29,141.45  |            |
|          |            | 12/02/2025 | 120125C  |       |       |       | T 10-28-25 allocation     |       |    |            |            |
|          |            |            |          |       |       |       | JOURNAL 2026/06/8         | TOTAL |    | .00        | .00        |
| 2026     | 6          | 10         |          |       |       |       |                           |       |    |            |            |
| BUA      | 4411-34822 |            |          |       |       |       | FEMA Cybersecurity        | 5     |    |            | 234,378.20 |
|          |            | 12/02/2025 | 120125C  |       |       |       | T Cybersecurity Grant     |       |    |            |            |
| BUA      | 4411-45100 |            |          |       |       |       | CAPITAL OUTLAY            | 5     |    | 234,378.20 |            |
|          |            | 12/02/2025 | 120125C  |       |       |       | T Cybersecurity Grant     |       |    |            |            |
|          |            |            |          |       |       |       | JOURNAL 2026/06/10        | TOTAL |    | .00        | .00        |
| 2026     | 6          | 11         |          |       |       |       |                           |       |    |            |            |
| BUA      | 4230-43540 |            |          |       |       |       | SOFTWARE MAINTENANCE      | 5     |    |            | 100,447.80 |
|          |            | 12/02/2025 | 120125C  |       |       |       | T Grant match             |       |    |            |            |
| BUA      | 4411-45100 |            |          |       |       |       | CAPITAL OUTLAY            | 5     |    | 100,447.80 |            |
|          |            | 12/02/2025 | 120125C  |       |       |       | T Grant match             |       |    |            |            |
|          |            |            |          |       |       |       | JOURNAL 2026/06/11        | TOTAL |    | .00        | .00        |
| 2026     | 6          | 12         |          |       |       |       |                           |       |    |            |            |



BUDGET AMENDMENT JOURNAL ENTRY PROOF

| YEAR PER           | JNL        |          |       |       | ACCOUNT DESC | T                       | OB    | DEBIT      | CREDIT     |
|--------------------|------------|----------|-------|-------|--------------|-------------------------|-------|------------|------------|
| SRC ACCOUNT        | EFF DATE   | JNL DESC | REF 1 | REF 2 | REF 3        | LINE DESC               |       |            |            |
| BUA 5167-40121     | 12/02/2025 | 120125C  |       |       |              | T SALARIES              | 5     |            | 43,905.00  |
| BUA 5167-40181     | 12/02/2025 | 120125C  |       |       |              | T SOCIAL SECURITY       | 5     |            | 9,020.00   |
| BUA 5167-40182     | 12/02/2025 | 120125C  |       |       |              | T RETIREMENT            | 5     |            | 8,000.00   |
| BUA 5167-40184     | 12/02/2025 | 120125C  |       |       |              | T Life Insurance        | 5     |            | 75.00      |
| BUA 5113-40121     | 12/02/2025 | 120125C  |       |       |              | T SALARIES              | 5     |            | 10,000.00  |
| BUA 5114-40121     | 12/02/2025 | 120125C  |       |       |              | T SALARIES              | 5     |            | 10,000.00  |
| BUA 5114-40182     | 12/02/2025 | 120125C  |       |       |              | T RETIREMENT            | 5     |            | 4,500.00   |
| BUA 5114-40183     | 12/02/2025 | 120125C  |       |       |              | T HOSPITAL INSURANCE    | 5     |            | 8,000.00   |
| BUA 5151-40121     | 12/02/2025 | 120125C  |       |       |              | T SALARIES              | 5     |            | 15,000.00  |
| BUA 5164-40121     | 12/02/2025 | 120125C  |       |       |              | T SALARIES              | 5     |            | 12,000.00  |
| BUA 5164-40182     | 12/02/2025 | 120125C  |       |       |              | T RETIREMENT            | 5     |            | 5,500.00   |
| BUA 5110-40121     | 12/02/2025 | 120125C  |       |       |              | T SALARIES              | 5     |            | 152,000.00 |
| BUA 5167-41990     | 12/02/2025 | 120125C  |       |       |              | T PROFESSIONAL SERVICES | 5     | 168,000.00 |            |
| BUA 5114-41990     | 12/02/2025 | 120125C  |       |       |              | T PROFESSIONAL SERVICES | 5     | 22,500.00  |            |
| BUA 5164-41990     | 12/02/2025 | 120125C  |       |       |              | T PROFESSIONAL SERVICES | 5     | 17,500.00  |            |
| BUA 5113-41990     | 12/02/2025 | 120125C  |       |       |              | T PROFESSIONAL SERVICES | 5     | 10,000.00  |            |
| BUA 5151-41990     | 12/02/2025 | 120125C  |       |       |              | T PROFESSIONAL SERVICES | 5     | 15,000.00  |            |
| BUA 5114-42370     | 12/02/2025 | 120125C  |       |       |              | T INJECTABLES           | 5     | 45,000.00  |            |
| JOURNAL 2026/06/12 |            |          |       |       |              |                         | TOTAL | .00        | .00        |



BUDGET AMENDMENT JOURNAL ENTRY PROOF

| FUND       | YEAR PER | JNL | EFF DATE | ACCOUNT DESCRIPTION | DEBIT | CREDIT |
|------------|----------|-----|----------|---------------------|-------|--------|
| ACCOUNT    |          |     |          |                     |       |        |
| FUND TOTAL |          |     |          |                     | .00   | .00    |

\*\* END OF REPORT - Generated by CHELSEY LANIER \*\*



| RELEASE NUMBER | NAME                                    | TOWNSHIP | FIRE DISTRICT 1 | FIRE DISTRICT 2 | TAX YEAR | ACCOUNT NUMBER | COUNTY TAX  | CAPITAL FUND | FIRE DISTRICT 1 | FIRE DISTRICT 2 | LATE LIST PENALTY | SOLID WASTE | TOTAL RELEASE | REASON FOR RELEASE                            |
|----------------|-----------------------------------------|----------|-----------------|-----------------|----------|----------------|-------------|--------------|-----------------|-----------------|-------------------|-------------|---------------|-----------------------------------------------|
| 23826          | ALKHANSHALI, AMAR                       | 11       |                 |                 | 2025     | 010002902      | \$ 0.58     |              |                 |                 |                   |             | \$ 0.58       | HOUSE REMOVED                                 |
| 23827          | BROWN, SHELBY                           | 08       | F-24            |                 | 2025     | 1296245        | \$ 421.95   |              |                 |                 |                   |             | \$ 421.95     | SIGNED FOR ELDERLY EXEMPTION LATE             |
| 23828          | BRYAN, MARK DWAYNE                      | 07       | F-10            |                 | 2025     | 10002652       | \$ 4.74     |              | \$ 0.74         |                 | \$ 0.55           |             | \$ 6.03       | SOLD 2010 MYTTL & 1996 BOAT IN 2023           |
| 23829          | BRYAN, MARK DWAYNE                      | 10       | F-10            |                 | 2024     | 10002652       | \$ 6.50     | \$ 0.18      | \$ 0.64         |                 | \$ 0.73           |             | \$ 8.05       | SOLD MYTTL & 1996 BOAT IN 2023                |
| 23830          | CARLTON, JAMES HRS.                     | 10       | F-18            |                 | 2025     | 1506492        |             |              |                 |                 |                   | \$ 110.00   | \$ 110.00     | HOUSE IS VACANT                               |
| 23831          | CAVENAUGH, ARTHUR R., JR                | 11       |                 |                 | 2025     | 10006426       | \$ 35.72    |              |                 |                 | \$ 3.57           |             | \$ 39.29      | SOLD BOAT IN 2023                             |
| 23832          | CAVENAUGH, ARTHUR R., JR                | 11       |                 |                 | 2024     | 10006426       | \$ 107.25   | \$ 3.00      |                 |                 | \$ 11.03          |             | \$ 121.28     | SOLD BOAT IN 2023                             |
| 23833          | CAVENAUGH, DENNIS HOGUE                 | 09       | F-09            |                 | 2025     | 1746527        | \$ 640.90   |              | \$ 86.19        |                 |                   |             | \$ 727.09     | CLERICAL ERROR ON HEATED SQUARE FOOTAGE       |
| 23834          | DOMINGUEZ, FRANCISCO MEJIA              | 09       | F-11            |                 | 2025     | 2380310        | \$ 487.78   |              | \$ 58.87        |                 |                   |             | \$ 546.65     | DWMH CHARGED AS A SINGLE FAMILY               |
| 23835          | FAULK, VELMA FINICK                     | 11       | F-17            |                 | 2025     | 2877543        | \$ 162.40   |              | \$ 19.60        |                 |                   |             | \$ 182.00     | SIGNED FOR ELDERLY EXEMPTION LATE             |
| 23836          | FIEL, PATRICK V. & WF ELVIRA FIEL       | 09       | F-09            |                 | 2025     | 2821236        | \$ 261.00   |              | \$ 35.10        |                 |                   |             | \$ 296.10     | SHOULD HAVE RECEIVED DV EXEMPTION             |
| 23837          | FUSSELL, ALISA & JOHN MARK              | 05       | F-06            |                 | 2025     | 010003556      | \$ 22.62    |              | \$ 2.93         |                 |                   |             | \$ 25.55      | CLERICAL ERROR ON MISC IMPROVEMENTS           |
| 23838          | FUSSELL, JOAN CELESTE                   | 05       | F-06            |                 | 2025     | 010003558      | \$ 11.60    |              | \$ 1.50         |                 |                   |             | \$ 13.10      | CLERICAL ERROR ON MISC IMPROVEMENTS           |
| 23839          | GARCIA, PULPA & ABEJORON GARCIA CERVANT | 13       |                 |                 | 2025     | 3065228        | \$ 331.32   |              |                 |                 |                   |             | \$ 331.32     | DWMH CHARGED AS A SINGLE FAMILY               |
| 23840          | GOMEZ, MANUEL P.                        | 01       | F-07            |                 | 2023     | 3190200        | \$ 11.60    |              | \$ 1.40         |                 | \$ 1.30           | \$ 110.00   | \$ 124.90     | DWMH LISTED IN ERROR PERMIT ONLY FOR PLUMBING |
| 23841          | GOMEZ, MANUEL P.                        | 01       | F-07            |                 | 2024     | 3190200        | \$ 14.30    | \$ 0.40      | \$ 1.40         |                 | \$ 1.61           |             | \$ 17.31      | DWMH LISTED IN ERROR PERMIT ONLY FOR PLUMBING |
| 23842          | GOMEZ, MANUEL P.                        | 01       | F-07            |                 | 2024     | 3190200        |             |              |                 |                 |                   | \$ 110.00   | \$ 110.00     | ALTERLISTED SWF FEE IN ERROR                  |
| 23843          | GOMEZ, MANUEL P.                        | 01       | F-07            |                 | 2023     | 3190200        | \$ 14.30    | \$ 0.40      | \$ 1.40         |                 | \$ 1.61           | \$ 110.00   | \$ 127.71     | DWMH LISTED IN ERROR PERMIT ONLY FOR PLUMBING |
| 23844          | GREENFIELD, LAURINE                     | 01       | F-07            |                 | 2024     | 3331975        | \$ 37.18    | \$ 1.04      | \$ 3.64         |                 |                   |             | \$ 41.86      | CORRECTED LAND CODE                           |
| 23845          | GREENFIELD, LAURINE                     | 01       | F-07            |                 | 2023     | 3331975        | \$ 37.18    | \$ 1.04      | \$ 3.64         |                 |                   |             | \$ 41.86      | CORRECTED LAND CODE                           |
| 23846          | GREENFIELD, LAURINE                     | 01       | F-07            |                 | 2022     | 3331975        | \$ 37.18    | \$ 1.04      | \$ 3.64         |                 |                   |             | \$ 41.86      | CORRECTED LAND CODE                           |
| 23847          | GREENFIELD, LAURINE                     | 01       | F-07            |                 | 2021     | 3331975        | \$ 37.18    | \$ 1.04      | \$ 3.64         |                 |                   |             | \$ 41.86      | CORRECTED LAND CODE                           |
| 23848          | HANCHEY, GERALD & AMY                   | 09       | F-09            |                 | 2025     | 3524281        | \$ 85.26    |              | \$ 11.47        |                 |                   |             | \$ 96.73      | DWMH MOVED TO RIGHT PARCEL/FIXED LAND CODE    |
| 23849          | HERBERT, TERENCE                        | 13       | F-21            |                 | 2025     | 1001780        | \$ 1,550.92 |              | \$ 187.18       |                 |                   | \$ 110.00   | \$ 1,848.10   | DWMH MOVED TO RIGHT PARCEL/FIXED LAND CODE    |
| 23850          | HERBERT, TERENCE                        | 13       | F-21            |                 | 2024     | 1001780        | \$ 963.82   | \$ 26.96     | \$ 94.36        |                 |                   | \$ 110.00   | \$ 1,195.14   | DWMH LISTED ON WRONG PARCEL                   |
| 23851          | HERNANDEZ, SERGIO                       | 07       | F-04            |                 | 2025     | 3790862        | \$ 80.40    |              | \$ 6.35         |                 | \$ 8.68           |             | \$ 95.43      | MYT TRAILERS DOUBLE LISTED                    |
| 23852          | HERNANDEZ, SERGIO & WF ANA MARIA        | 07       | F-04            |                 | 2025     | 3790862        | \$ 39.81    |              | \$ 4.30         |                 |                   |             | \$ 44.11      | G02 MYT TRAILERS FOR DMV                      |
| 23853          | INGRAM, LACY                            | 07       | F-17            |                 | 2025     | 4273787        | \$ 8.70     |              | \$ 1.05         |                 | \$ 0.98           | \$ 110.00   | \$ 120.73     | SWMH USED AS STORAGE                          |
| 23854          | JARMAN, MARIE W.                        | 02       |                 |                 | 2025     | 4406083        | \$ 264.19   |              |                 |                 |                   |             | \$ 264.19     | IDENT GET FULL AMOUNT                         |

LL 11-12-25  
xl 11-12-25  
AN 11-12-25

| NAME                                    | ACCOUNT NUMBER | EXEMPTION TYPE | EXEMPTION AMOUNT | DATE APPLIED |
|-----------------------------------------|----------------|----------------|------------------|--------------|
| SMITH, CYNTHIA                          | 8078225        | VETERAN        | \$45,000         | 9/11/2025    |
| JOHNSON, NANCY                          | 4481847        | VETERAN        | \$45,000         | 9/29/2025    |
| JACKSON, JAMES WADE & WF                | 4316013        | VETERAN        | \$45,000         | 10/22/2025   |
| BOSSSELMANN, ROBIN M                    | 1000908        | ELDERLY        | \$72,600         | 9/27/2025    |
| ANLEU, RAFAEL & WIFE ANLEU, GLADIS      | 1003901        | ELDERLY        | \$77,850         | 10/16/2025   |
| HATCHER, JOHNNY & WF HATCHER, CAROLYN A | 3667329        | ELDERLY        | \$67,850         | 10/22/2025   |
| BANNERMAN, MIZURIA MAE                  | 244870         | ELDERLY        | \$31,665         | 10/27/2025   |
| BOUCHETE, KAREN                         | 1004840        | ELDERLY        | \$58,300         | 10/27/2025   |

X Debra B Elmore  
NAME

X 12/01/2025  
DATE



Date: 11/3/2025

Write off for Duplin County Health Department

Bad Debt Service Date Write Off: October 31, 2022

Amount to be written off: \$ 17,978.43

Debra B Elmore  
Health Director

11.2.2025  
Date

Debra B Elmore  
Chairman – County Commissioners

12/01/2025  
Date



| Account | Patient                          | Service    | Balance |
|---------|----------------------------------|------------|---------|
| 13998   | ALVARADOLOPEZ, FRANCESCA         | 05/17/2022 | 3.00    |
| 463     | POWELL, ASIA                     | 08/10/2022 | 4.00    |
| 75028   | GODINEZ CISNADO, CINTHYA         | 08/31/2022 | -0.09   |
| 75464   | LOPEZ SANTIZ, ERNESTINA          | 09/07/2022 | 70.00   |
| 75231   | GUERRA, FERNANDA                 | 09/07/2022 | -47.40  |
| 35597   | MIRANDA PORTILLO, WENDY          | 09/12/2022 | 30.00   |
| 10935   | BASS, ASHLEY                     | 09/16/2022 | 4.00    |
| 30908   | CHAVARRIA TENA, ANA              | 10/03/2022 | 206.00  |
| 35226   | MARTINEZ GUTY, LIDIA             | 10/03/2022 | 14.20   |
| 65415   | MENDOZAQUINTANO, MARIA           | 10/03/2022 | 10.00   |
| 14717   | GILBERT, JAMES                   | 10/03/2022 | 155.00  |
| 75996   | WORMLEY, KRISTINA                | 10/03/2022 | 10.91   |
| 12545   | SMITH, BELINDA                   | 10/03/2022 | 10.00   |
| 27027   | COOPER-BENJAMIN, JOSHUA          | 10/03/2022 | 156.08  |
| 41364   | GREEN, TAYLOR                    | 10/03/2022 | 371.00  |
| 55539   | BENITEZ VASQUEZ, DEYSI           | 10/04/2022 | 15.80   |
| 72758   | MORENO VASQUEZ, BESSY            | 10/04/2022 | 87.25   |
| 75239   | DOMINGOPEREZ, CLAUDIA            | 10/04/2022 | 33.60   |
| 53466   | FLORES, VIRIDIANA                | 10/04/2022 | 20.00   |
| 41811   | TROCHEZ MEDINA, LENA             | 10/04/2022 | 142.00  |
| 10699   | BEST, LYNN                       | 10/04/2022 | 4.00    |
| 51062   | FAISON, REGINALD                 | 10/04/2022 | 93.00   |
| 62732   | IRIAS LARA, BELKIN               | 10/04/2022 | 20.00   |
| 25818   | BELL, HALEY                      | 10/04/2022 | 24.16   |
| 68266   | CANELASGIRON, ERODITA            | 10/04/2022 | 31.60   |
| 75963   | PINEDA, ALESSANDRA               | 10/04/2022 | 387.00  |
| 40080   | AMAYA, CEYDI                     | 10/04/2022 | 89.00   |
| 40641   | BRADSHAW, MICHAEL                | 10/04/2022 | 182.00  |
| 75964   | PINEDA, NATHLIE                  | 10/04/2022 | 679.50  |
| 75464   | LOPEZ SANTIZ, ERNESTINA          | 10/05/2022 | 79.00   |
| 40641   | BRADSHAW, MICHAEL                | 10/05/2022 | 67.00   |
| 63226   | GONZALEZPEREZ, ETHELVINA         | 10/05/2022 | 79.00   |
| 61825   | COHEN, JENA                      | 10/05/2022 | 5.00    |
| 36575   | ROJASESCALANTE, ANGELICA         | 10/05/2022 | 11.20   |
| 75983   | MUNOZ, JOSE                      | 10/05/2022 | 133.00  |
| 32451   | FIGUEROATORRES, VILMA            | 10/05/2022 | 79.00   |
| 43784   | PINER, PATRICIA                  | 10/05/2022 | 72.00   |
| 75418   | PINEDASANCHEZ, MARIA             | 10/05/2022 | 79.00   |
| 67928   | NOVAK, MARK                      | 10/06/2022 | 33.60   |
| 55652   | CESAR, GISLENE                   | 10/06/2022 | 223.00  |
| 75482   | YOC CHUN, REBECA                 | 10/06/2022 | 17.40   |
| 29863   | ANDRADE ENAMORADO, DUNIA         | 10/06/2022 | 84.00   |
| 729     | HATCHER, VALERIE                 | 10/06/2022 | 9.00    |
| 29863   | ANDRADE ENAMORADO, DUNIA         | 10/07/2022 | 5.00    |
| 32582   | GUERRERO ZAGADA, CONCEPTION      | 10/07/2022 | 28.60   |
| 31301   | CAMPUZANO BURCIAGA, JESUS        | 10/07/2022 | 37.20   |
| 7849    | AVILA RENDON, BRENDA             | 10/07/2022 | 93.00   |
| 73548   | SIMMONS, KRYSTAL                 | 10/07/2022 | 25.25   |
| 41340   | MUNOZ VILLATORO, MARIA CELESTINA | 10/07/2022 | 14.00   |
| 75794   | WELLS, CHRISTOPHER               | 10/07/2022 | 79.00   |
| 75996   | WORMLEY, KRISTINA                | 10/07/2022 | 182.08  |
| 31426   | CAMPUZANO, MARCELA               | 10/10/2022 | 14.80   |
| 9740    | NICKELSON, NISHIRIA              | 10/10/2022 | 25.25   |
| 11253   | HENDERSON, TONYA                 | 10/10/2022 | 93.00   |
| 76032   | MENDOZAQUINTANO, SANTOS          | 10/10/2022 | 20.00   |
| 61951   | LOPEZ DIAZ, LUIS                 | 10/10/2022 | 25.00   |
| 76037   | CROWE, ROBIN                     | 10/10/2022 | 25.25   |
| 48893   | ROJO, JERONIMO                   | 10/10/2022 | 37.20   |
| 75189   | ALEMANALEMAN, TESLA              | 10/11/2022 | 122.45  |
| 12389   | BRINSON, ZYKIA                   | 10/11/2022 | 5.00    |
| 42132   | BATENVASQUEZ, MARIA              | 10/11/2022 | 19.00   |

|       |                                   |            |        |
|-------|-----------------------------------|------------|--------|
| 44966 | POLANCODIAZ, YESMY                | 10/12/2022 | 79.00  |
| 22786 | MUNN, DENISE                      | 10/12/2022 | 88.00  |
| 76050 | THOMAS, CYNTHIA                   | 10/12/2022 | 5.00   |
| 21180 | FUCILI, BRITTANY                  | 10/12/2022 | 9.75   |
| 75022 | ALFAROALONZO, SANTOS              | 10/12/2022 | 15.80  |
| 73363 | VASQUEZORTIZ, JAXON               | 10/12/2022 | 168.07 |
| 71518 | CARCAMOALVAREZ, LOURDES           | 10/12/2022 | 98.00  |
| 75028 | GODINEZ CISNADO, CINTHYA          | 10/12/2022 | 15.80  |
| 41121 | MEZAMARTINEZ, SINTIA              | 10/12/2022 | 180.00 |
| 32612 | GALVEZ GONZALEZ, DORIAN           | 10/12/2022 | 165.00 |
| 75983 | MUNOZ, JOSE                       | 10/12/2022 | 57.00  |
| 73396 | RAUDA MONTOYA, DIGNA LETICIA      | 10/12/2022 | 214.00 |
| 29794 | ALFARO AVALOS, ANTONIA            | 10/12/2022 | 183.00 |
| 45138 | CASTEEN, SHEILA                   | 10/12/2022 | 57.00  |
| 75349 | EDWARDS, KALEY                    | 10/12/2022 | 24.16  |
| 64607 | CUYUCH LOPEZ, JOSE PABLO          | 10/13/2022 | 154.00 |
| 35202 | MATUTEMARTINEZ, KAREN             | 10/13/2022 | 174.00 |
| 5202  | EZZELL, LAURA                     | 10/13/2022 | 69.20  |
| 35274 | MAZARIEGOS ESCALANTE, MAYDA       | 10/13/2022 | 20.00  |
| 9142  | BROWN, CARRIE                     | 10/13/2022 | 37.30  |
| 68266 | CANELASGIRON, ERODITA             | 10/13/2022 | 22.80  |
| 54526 | BAUTISTA PEREZ, GILBERTO          | 10/13/2022 | 33.60  |
| 60347 | MARTINEZOCAMPO, ALBA              | 10/13/2022 | 20.00  |
| 7849  | AVILA RENDON, BRENDA              | 10/14/2022 | 119.00 |
| 12232 | REYES, MARISSA                    | 10/14/2022 | 5.00   |
| 35117 | MURILLO CASTILLO, JOSE            | 10/14/2022 | 39.20  |
| 31530 | CORDOVA AGUILAR, RITA             | 10/14/2022 | 110.00 |
| 55485 | RAYNOR, GRAYSON                   | 10/14/2022 | 128.87 |
| 50521 | HENRY, LIDIA                      | 10/14/2022 | 93.00  |
| 7600  | WRIGHT, LATOYA                    | 10/14/2022 | 147.00 |
| 42391 | BARDEN, DERRICK                   | 10/14/2022 | 33.60  |
| 55652 | CESAR, GISLENE                    | 10/14/2022 | 84.00  |
| 54668 | RAMIREZMACARIO, NIVIA             | 10/14/2022 | 20.00  |
| 18719 | GIBBS, ROCKELL                    | 10/14/2022 | 43.00  |
| 3394  | BAILEY, WILLIAM                   | 10/17/2022 | 4.00   |
| 53754 | COSTIN, JASON                     | 10/17/2022 | 57.00  |
| 75348 | RIVERAFUNEZ, CINTHIA              | 10/17/2022 | 5.00   |
| 10323 | MILLER, MADISON                   | 10/17/2022 | 5.00   |
| 34812 | MENDEZ CASTRO, DELMY              | 10/17/2022 | 99.00  |
| 12545 | SMITH, BELINDA                    | 10/17/2022 | 10.00  |
| 12221 | CRUZ MARTINEZ, ANA                | 10/17/2022 | 5.00   |
| 46700 | FARRIOR, HERBERT                  | 10/17/2022 | 24.60  |
| 3824  | BROWN, REBECCA                    | 10/18/2022 | 470.00 |
| 46700 | FARRIOR, HERBERT                  | 10/18/2022 | 5.00   |
| 75421 | SANTAMARIAGALDAMEZ, YESI          | 10/18/2022 | 15.80  |
| 75993 | BERINGER, CONNER                  | 10/18/2022 | 103.00 |
| 55436 | FLORESPINEDA, ANA                 | 10/18/2022 | 36.00  |
| 75464 | LOPEZ SANTIZ, ERNESTINA           | 10/18/2022 | 224.00 |
| 75688 | GUILLER HERNANDEZ, SELVIN ANTONIO | 10/18/2022 | 386.50 |
| 37017 | RODRIGUEZ ZELAYA, LUZ             | 10/18/2022 | 31.60  |
| 28019 | LAGUNAS, AMY                      | 10/18/2022 | 84.00  |
| 76005 | CAMPOSGOMEZ, ESMERALDA            | 10/18/2022 | 93.00  |
| 39048 | CANO ZUNIGA, JENNIFER             | 10/18/2022 | 79.00  |
| 75239 | DOMINGOPEREZ, CLAUDIA             | 10/18/2022 | 72.00  |
| 45241 | HANCHEY, AUSTIN                   | 10/18/2022 | 79.00  |
| 34567 | LIZARDO PAZ, YESENIA              | 10/18/2022 | 84.00  |
| 34723 | MANZANARES MARCIA, CHARY          | 10/18/2022 | 75.00  |
| 75418 | PINEDASANCHEZ, MARIA              | 10/18/2022 | 199.00 |
| 75411 | LOPEZSANCHEZ, DEINA               | 10/18/2022 | 34.90  |
| 72758 | MORENO VASQUEZ, BESSY             | 10/18/2022 | 94.00  |
| 75160 | GUARDADOORELLANA, SOGEYDI         | 10/19/2022 | 94.00  |
| 63226 | GONZALEZPEREZ, ETHELVINA          | 10/19/2022 | 79.00  |



|       |                              |            |        |
|-------|------------------------------|------------|--------|
| 14072 | MARTINEZ, OLGA               | 10/19/2022 | 33.80  |
| 74548 | RAMIREZ GONZALEZ, GABRIELA   | 10/19/2022 | 37.60  |
| 50501 | VASQUEZ, NATIVIDAD           | 10/19/2022 | 93.00  |
| 75956 | JOHNSON, KAMDEN              | 10/20/2022 | 104.77 |
| 25403 | AYALA, XIOMARA               | 10/20/2022 | 20.00  |
| 10280 | ISAAC, KEYLIN                | 10/20/2022 | 76.00  |
| 18043 | USORIO, HECTOR               | 10/20/2022 | 37.30  |
| 60347 | MARTINEZOCAMPO, ALBA         | 10/20/2022 | 10.00  |
| 31807 | DIAZ TURCIOS, JANNET         | 10/20/2022 | 256.00 |
| 729   | HATCHER, VALERIE             | 10/20/2022 | 14.00  |
| 44699 | TABORA, DEISI                | 10/20/2022 | 49.20  |
| 40941 | HERNANDEZ RODRIGUEZ, EUGENIA | 10/20/2022 | 91.40  |
| 75838 | PEREZCALIX, ZOE              | 10/21/2022 | 123.00 |
| 32582 | GUERRERO ZAGADA, CONCEPTION  | 10/21/2022 | 43.60  |
| 37766 | SANCHEZ VILLENA, MARIA       | 10/21/2022 | 37.20  |
| 6634  | PATE, DEBRA                  | 10/21/2022 | 8.93   |
| 10624 | DAVIS, RUTH                  | 10/21/2022 | 93.00  |
| 23844 | PINEDA, CESAR                | 10/21/2022 | 93.59  |
| 43908 | APARICIOPIÑA, APRIL          | 10/21/2022 | 79.00  |
| 55294 | GOODMAN, BOBBY               | 10/21/2022 | 4.00   |
| 50822 | WALDROP, ADRIANNA            | 10/21/2022 | 142.00 |
| 2154  | HUDSON, RAYMOND              | 10/21/2022 | 18.29  |
| 16376 | CROMITY, GWENDOLYN           | 10/21/2022 | -4.00  |
| 61723 | DAVIS, VALENCIA              | 10/21/2022 | 57.00  |
| 27881 | PITTMAN, TRINITY             | 10/21/2022 | 20.00  |
| 16041 | BEST, JOHNNY                 | 10/21/2022 | 89.00  |
| 43595 | JUAREZGABRIEL, SOFIA         | 10/24/2022 | 10.00  |
| 1154  | FARLAND, VERONICA            | 10/24/2022 | 5.00   |
| 2154  | HUDSON, RAYMOND              | 10/24/2022 | 5.00   |
| 35597 | MIRANDA PORTILLO, WENDY      | 10/24/2022 | 62.20  |
| 52609 | MCLAMB, ISIAK                | 10/24/2022 | 35.00  |
| 42399 | MILLER, CASSIDY              | 10/24/2022 | 40.00  |
| 73000 | GOMEZCARABANTIE, REINA       | 10/24/2022 | 11.20  |
| 38549 | PINTOR, PATRICIA             | 10/24/2022 | 37.20  |
| 43700 | COLE, KYNSLEY                | 10/24/2022 | 5.00   |
| 61782 | RAMOS MARTINEZ, AYELEN       | 10/25/2022 | 73.00  |
| 62726 | LARAPINTO, MARIA             | 10/25/2022 | 87.25  |
| 61783 | RAMOS MARTINEZ, AYLIN        | 10/25/2022 | 57.00  |
| 59158 | CABRERACORTEZ, ANA           | 10/25/2022 | 5.00   |
| 76096 | RAMIREZ ROJAS, FABIOLA       | 10/25/2022 | 169.00 |
| 4018  | JONES, MARY                  | 10/25/2022 | 13.34  |
| 75189 | ALEMANALEMAN, TESLA          | 10/25/2022 | 16.80  |
| 76109 | ARGUETA MUNUIA, ELTHON       | 10/25/2022 | 115.00 |
| 10184 | BRYANT, DAZZIAH              | 10/25/2022 | 15.00  |
| 34410 | LOPEZ GUZMAN, MARILU         | 10/25/2022 | 42.80  |
| 75175 | TURCIOSSALINAS, GREYSI       | 10/25/2022 | 164.00 |
| 75394 | ZAVALA, JASMINE              | 10/25/2022 | 79.00  |
| 59714 | ZEPEDARAMOS, XIOMARA         | 10/25/2022 | 20.00  |
| 38881 | ZELAYA DELCID, AIDA          | 10/25/2022 | 185.00 |
| 33338 | HERNANDEZ CHILEL, FELICITA   | 10/25/2022 | 79.00  |
| 75444 | MARTINEZGUEVARA, DAYRIN      | 10/25/2022 | 79.00  |
| 75230 | MARQUEZDELICID, YORLENI      | 10/25/2022 | 79.00  |
| 74754 | LORENZOVELASQUEZ, LUCY       | 10/25/2022 | 79.00  |
| 36122 | POROJ DE GONZALEZ, DINA      | 10/25/2022 | 31.60  |
| 35416 | MATA, OTILIA                 | 10/25/2022 | 61.60  |
| 38881 | ZELAYA DELCID, AIDA          | 10/26/2022 | 5.00   |
| 76005 | CAMPOSGOMEZ, ESMERALDA       | 10/26/2022 | 335.00 |
| 62638 | PASSIANS, ROSA               | 10/26/2022 | 94.00  |
| 55436 | FLORESPINEDA, ANA            | 10/26/2022 | 17.40  |
| 31612 | CARRANZA LOPEZ, WENDY        | 10/26/2022 | 100.00 |
| 75861 | JUAREZ, SOE                  | 10/26/2022 | 260.00 |
| 50238 | PEREZ, ELISO                 | 10/26/2022 | 57.00  |

|       |                                  |            |           |
|-------|----------------------------------|------------|-----------|
| 14072 | MARTINEZ, OLGA                   | 10/27/2022 | 31.60     |
| 71518 | CARCAMOALVAREZ, LOURDES          | 10/27/2022 | 79.00     |
| 44966 | POLANCODIAZ, YESMY               | 10/27/2022 | 98.00     |
| 32451 | FIGUEROATORRES, VILMA            | 10/27/2022 | 98.00     |
| 2702  | PICKETT, BOBBY                   | 10/28/2022 | 4.00      |
| 10115 | CARR, ASIA                       | 10/28/2022 | 15.00     |
| 72449 | LOPEZ OROZCO, NIMSY              | 10/28/2022 | 20.00     |
| 22766 | REYESHERNANDEZ, CLAUDIA          | 10/28/2022 | 37.20     |
| 16756 | HICKS, IESHUA                    | 10/28/2022 | 15.00     |
| 29746 | ARGUETAHERNANDEZ, SALVADOR       | 10/28/2022 | 136.00    |
| 39045 | MORAN, BETHANY                   | 10/28/2022 | 49.00     |
| 23844 | PINEDA, CESAR                    | 10/28/2022 | 5.00      |
| 71045 | LORENZOCABRERA, VICTORINA        | 10/28/2022 | 51.20     |
| 32668 | GABRIEL PEREZ, ELUVIA            | 10/28/2022 | 84.00     |
| 76078 | HERRERA, ILSY                    | 10/28/2022 | 95.20     |
| 3009  | PEARSALL, HOPE                   | 10/28/2022 | 126.20    |
| 28320 | BOSEMAN, DRAKE                   | 10/28/2022 | 76.26     |
| 76142 | KENNEDY, LILA                    | 10/28/2022 | 43.00     |
| 45816 | CASTROBANEGAS, KATTLIN           | 10/31/2022 | 10.00     |
| 43653 | ANDRADE BONILLA, EMERSON         | 10/31/2022 | 169.00    |
| 56233 | BUSBEE, LYNNETTE                 | 10/31/2022 | 25.25     |
| 54628 | ROMEUS, JOHN TERRY               | 10/31/2022 | 167.00    |
| 40889 | DOLO, DUMBAR                     | 10/31/2022 | 5.00      |
| 40418 | LAZO ROMERO, SANTOS              | 10/31/2022 | 37.20     |
| 76126 | CACERES SEVILLA, BEBELI BRIGITHE | 10/31/2022 | 136.00    |
| 31530 | CORDOVA AGUILAR, RITA            | 10/31/2022 | 110.00    |
| 64394 | MEJIA ENAMORADO, ASHLEY          | 10/31/2022 | 146.00    |
| 26514 | WILLIAMS, BIORE                  | 10/31/2022 | 15.00     |
| 71237 | AMAYA HERNANDEZ, ALEJANDRO       | 10/31/2022 | 79.00     |
| 65670 | LEGGETT, WILLIE                  | 10/31/2022 | 89.00     |
| TOTAL |                                  |            | 17,978.43 |



DUPLIN COUNTY HEALTH DEPARTMENT  
340 Seminary Street / PO Box 948  
910-296-2130

Date: 11/3/2025

Write off for Duplin County EMS

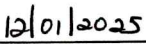
Bad Debt Service Date Write Off: Service Date through October 31, 2015

Amount to be written off: \$ 35,373.31

  
County Manager

  
Date

  
Chairman – County Commissioners

  
Date

340 Seminary Street- Kenansville, NC 28349 | (910) 296-2130

| Account | Patient                 | Service    | Balance  |
|---------|-------------------------|------------|----------|
| 42496   | MCNEIL, DIANNE          | 08/01/2015 | 111.90   |
| 44225   | NEWKIRK, JOHN           | 08/01/2015 | 250.00   |
| 42511   | MOSSBURG, MATTHEW       | 08/02/2015 | 100.98   |
| 42504   | MENDEZ, ALEX            | 08/02/2015 | 562.55   |
| 42524   | MILLER, DELORES         | 08/03/2015 | 714.00   |
| 42251   | MILLS, TIMOTHY          | 08/03/2015 | 663.60   |
| 17141   | MIDDLETON, GERALDINE    | 08/04/2015 | 104.99   |
| 42552   | PERKINS, AMHAD          | 08/04/2015 | 619.25   |
| 44233   | RIOS, JOSE              | 08/06/2015 | 250.00   |
| 43051   | MCGEE, BRYAN            | 08/06/2015 | 250.00   |
| 42707   | PEARSALL, NORWOOD       | 08/08/2015 | 651.00   |
| 24308   | PALACIOS, ANGEL         | 08/08/2015 | 720.30   |
| 42678   | NEWKIRK, DARWIN         | 08/08/2015 | 622.40   |
| 42690   | ROBERTS, ROOSEVELT      | 08/09/2015 | 716.10   |
| 40021   | MUNIZ, DYLAN            | 08/09/2015 | 250.00   |
| 4669    | SANDERSON, JOSEPH       | 08/09/2015 | 250.00   |
| 42757   | ROBERTS, TWIMAN         | 08/11/2015 | 909.55   |
| 42819   | SCOTT, MAMIE            | 08/12/2015 | 250.00   |
| 20555   | MONROE, ERNELL          | 08/12/2015 | 661.50   |
| 10763   | ROGERS, LYNN            | 08/13/2015 | 88.00    |
| 12845   | MCGEE, SIDNEY           | 08/15/2015 | 642.35   |
| 42943   | ROGERS, THELMA          | 08/17/2015 | 86.22    |
| 42969   | ROMERO FUNEZ, DAFRI     | 08/17/2015 | 459.65   |
| 6604    | NEWKIRK, DONALD         | 08/18/2015 | 514.25   |
| 15905   | PICKETT, LINWOOD        | 08/20/2015 | 98.45    |
| 44240   | MUMBULO, BRIAN          | 08/20/2015 | 250.00   |
| 43042   | SHEPPARD, RAIKEM        | 08/21/2015 | 579.60   |
| 43052   | MARBURY, MURPHY         | 08/21/2015 | 113.07   |
| 43038   | PARKER, TIMOTHY         | 08/22/2015 | 637.35   |
| 43051   | MCGEE, BRYAN            | 08/23/2015 | 814.55   |
| 44254   | NEWKIRK, GREGORY        | 08/23/2015 | 250.00   |
| 44188   | NELSON, JARED           | 08/23/2015 | 250.00   |
| 43052   | MARBURY, MURPHY         | 08/24/2015 | 126.10   |
| 43083   | SANGER II, THOMAS       | 08/24/2015 | 787.75   |
| 18762   | MILLER, TAMMI           | 08/24/2015 | 94.05    |
| 43129   | ROBINSON, NED           | 08/25/2015 | 123.24   |
| 44279   | POWELL, WILLIAM         | 08/26/2015 | 250.00   |
| 12845   | MCGEE, SIDNEY           | 08/30/2015 | 250.00   |
| 43238   | PEARSALL, VALERIE       | 08/30/2015 | 632.10   |
| 43237   | MAYBERRY, DESHON        | 08/30/2015 | 341.73   |
| 41556   | PACE, ELIZABETH         | 08/30/2015 | 574.10   |
| 16048   | MILLER, SANDRA          | 09/01/2015 | 624.75   |
| 43370   | PLUMMER, NELSON         | 09/04/2015 | 679.35   |
| 43372   | ROBINSON, RANDY         | 09/04/2015 | 715.30   |
| 44894   | ROJAS FAJARDO, MARIA    | 09/05/2015 | 705.60   |
| 44894   | ROJAS FAJARDO, MARIA    | 09/05/2015 | 1,270.75 |
| 43381   | PATINO GUARDIOLU, MARIA | 09/05/2015 | 561.75   |
| 47226   | RAMIREZ FLORES, ADAN    | 09/06/2015 | 250.00   |
| 43354   | MCDANIEL, JOYCE         | 09/06/2015 | 70.31    |
| 6071    | SANDLIN, LANA           | 09/07/2015 | 106.70   |
| 45983   | MCLAMB, VANESSA         | 09/08/2015 | 250.00   |
| 11979   | NEWKIRK, DAIQUAWN       | 09/09/2015 | 233.73   |
| 43500   | RICE, DONALD            | 09/13/2015 | 580.40   |
| 14207   | PEARSALL, SANDRA        | 09/13/2015 | 519.50   |
| 43555   | RUSK III, JAMES         | 09/15/2015 | 74.81    |
| 43556   | MCEACHIN, TARA          | 09/15/2015 | 688.80   |
| 17141   | MIDDLETON, GERALDINE    | 09/16/2015 | 250.00   |
| 22011   | MATTHEWS, DEBRA         | 09/16/2015 | 106.23   |
| 43616   | RAYNOR, KOLTON          | 09/17/2015 | 580.40   |
| 44008   | MCDONALD, KEVIN         | 09/18/2015 | 250.00   |
| 46413   | MCKNIGHT, OPERAUS       | 09/19/2015 | 31.00    |



|       |                     |            |           |
|-------|---------------------|------------|-----------|
| 43803 | MUNGUIA, JOSHUA     | 09/26/2015 | 663.60    |
| 42678 | NEWKIRK, DARWIN     | 09/26/2015 | 638.15    |
| 43821 | RADFORD, ELLEN      | 09/27/2015 | 250.00    |
| 43829 | QUATKEMEYER, BONNIE | 09/27/2015 | 113.07    |
| 35607 | MCKOY, WILLIAM      | 09/28/2015 | 585.65    |
| 43790 | ROOKS, DORIS        | 09/28/2015 | 620.30    |
| 43975 | PARKER, WILLIS      | 09/30/2015 | 681.45    |
| 43879 | POLITE, ELNORA      | 09/30/2015 | 135.36    |
| 23474 | PAEZ, NORA          | 09/30/2015 | 620.55    |
| 1743  | SHELTON, DONNA      | 09/30/2015 | 545.75    |
| 43859 | SALTER, DEWEY       | 09/30/2015 | 553.10    |
| TOTAL |                     |            | 35,373.31 |

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11/17/25, 12:15 PM

Quote 1069



**Emergency Transportation Associates, LLC**  
307 Yuma Lane E. Deep Gap NC 28618  
Phone: (828) 355-9755  
Email: [contact@joineta.com](mailto:contact@joineta.com)  
Website: [www.joineta.com](http://www.joineta.com)

## QUOTE

Quote #: 1069  
Date: Nov 9, 2025  
Expires: Dec 9, 2025

### BILL TO

#### Duplin County EMS

Shelly Hinson  
PO BOX 909, 209 Seminary St.  
Kenansville, NC 28349  
Phone: (910) 296-2160  
Email: [shelly.hinson@duplinnc.gov](mailto:shelly.hinson@duplinnc.gov)  
Work: (910)-296-3296

### QUOTE DETAILS

Quote Number: 1069  
Issue Date: Nov 9, 2025  
Expires: Dec 9, 2025  
Status: Draft

| Image                                                                               | Description                                                                                                                                                                                                                                                                                                                                                                    | Qty |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Sales Associate                                                                     |                                                                                                                                                                                                                                                                                                                                                                                |     |
|  | Julia Oakley<br>SKU: JO<br>Sales Associate                                                                                                                                                                                                                                                                                                                                     | 1   |
| Chassis                                                                             |                                                                                                                                                                                                                                                                                                                                                                                |     |
|  | Chassis Demount Electrical (OLD)<br>SKU: DM_ELE<br>Chassis Electrical - Prior to Demount Remove all Cab / Conversion Wiring from old Chassis. Unhook all HVAC hoses to the Rear AC/Heat Unit. Install NEW Cab wiring for all pertinent 12 Volt Options.                                                                                                                        | 1   |
|  | Chassis Electrical - UNDERHOOD<br>SKU: CEUD<br>Professional installation of a new, color- and function-coded wiring harness, including new battery cable, fuses, and grounds. Grille lights, intersection lights, and 100-watt siren speakers are installed, with additional wiring options for low tone siren and air horn included.                                          | 1   |
|  | 2026 FORD F550 / Reg Cab / Diesel / 108 CA / 193 WB / 4x2<br>SKU: ford_F550_reg_diesel_108ca_193wb_4x2<br>2026 Ford F550 XLT Regular Cab Chassis with 6.7L V8 Diesel engine, 10-speed automatic transmission, and 18,000 lb GVWR. Features ambulance prep package, rear view camera prep kit, and dual 410-amp alternators for reliable performance and upfitting versatility. | 1   |
| Chassis Options                                                                     |                                                                                                                                                                                                                                                                                                                                                                                |     |

| Image                                                                               | Description                                                                                                                                                                                                                                                                                                                          | Qty |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|    | <b>Pertinent Signage</b><br>SKU: PS<br>Professional installation of required warning signs on the passenger side dash, ensuring compliance and clear communication for vehicle safety.                                                                                                                                               | 1   |
|    | <b>Cab Electrical</b><br>SKU: CE<br>Professional installation of console, switch panel, battery disconnect, backup monitor, under-dash wiring, UHF/VHF radios, ignition security system, door tie-ins, running board lights, siren, and related electrical components for enhanced safety, communication, and vehicle functionality. | 1   |
|    | <b>Back Up Alarm</b><br>SKU: BA-0119<br>Professional installation of a new Fenix Shield 14W back-up alarm, delivering a reliable 97 dB alert. Designed for durability, it is dust, moisture, and vibration-proof for long-lasting performance.                                                                                       | 1   |
|    | <b>Back Up Camera - OEM / IN Dash</b><br>SKU: BUC<br>Professional installation of an OEM rear backup camera, seamlessly integrated with your vehicle's dash display for enhanced safety and convenience.                                                                                                                             | 1   |
|    | <b>Battery - InPower Automatic (All Brands but Frazer Bilt, LTD)</b><br>SKU: SSC42-275<br>Professional installation of the InPOWER SSC42-275 solid state disconnect switch, offering 275A overcurrent protection and 800A surge capability for enhanced battery safety and reliability.                                              | 1   |
|    | <b>CAB Seat Covers - / w/ ETA Logo (Set of 2)</b><br>SKU: seat_cover_ETA<br>Includes installation of two new cab seat covers featuring the ETA logo, providing enhanced comfort and a professional appearance for your vehicle interior.                                                                                             | 1   |
|    | <b>Door - Unlock Button - Grille Driver Side Upper (Stealth)</b><br>SKU: HUL_BT<br>Professional installation of a hidden Door Unlock Button in the upper section of the driver side chassis grille, providing discreet and convenient access as a standard chassis option.                                                           | 1   |
|    | <b>Exhaust</b><br>SKU: EX<br>Exhaust modification to match vehicle body per QVM guidelines, ensuring optimal fit and compliance with manufacturer standards.                                                                                                                                                                         | 1   |
|   | <b>Mud Flaps - Black Rubber</b><br>SKU: mup_flap<br>Includes professional installation of two new black rubber mud flaps behind the dual rear wheels, providing enhanced protection and durability for your chassis.                                                                                                                 | 1   |
|  | <b>Undercoat - 3m (Per OEM Guidelines)</b><br>SKU: under_coat<br>Premium 3M undercoat applied per OEM guidelines, ensuring enhanced protection for both rear wheel wells. Inspected prior to installation; no application within 12 inches of chassis exhaust for safety and compliance.                                             | 1   |
|  | <b>Console - 12 Volt Outlet</b><br>SKU: -<br>Professional installation of a 12 Volt outlet on your console, providing convenient power access for your devices at your preferred location.                                                                                                                                           | 1   |

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| Image                                                                               | Description                                                                                                                                                                                                                                                                                                                                                                               | Qty |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|  | <b>Console - 12 Volt USB Port</b><br>SKU: -<br>Install a 12 Volt USB charging outlet in your preferred console location, providing convenient and reliable power for your devices while on the road.                                                                                                                                                                                      | 1   |
|  | <b>Ignition Security System - Tremco</b><br>SKU: -<br>Enhance vehicle security with the Tremco Ignition Security System, featuring a discreet push button conveniently located under the steering column for added protection and ease of use.                                                                                                                                            | 1   |
|  | <b>Mega Fuse - Engine Compartment</b><br>SKU: -<br>-                                                                                                                                                                                                                                                                                                                                      | 1   |
| IMG                                                                                 | <b>Console - 120 Volt Duplex</b><br>SKU: -<br>Professional installation of a 120V duplex outlet on your console, providing convenient access to power at your preferred location.                                                                                                                                                                                                         | 1   |
| IMG                                                                                 | <b>Console - Switch Panel - TRANSFER EXISTING</b><br>SKU: -<br>Inspect existing front switch panel for proper operation and report any issues to the end user, ensuring reliable performance and prompt resolution of potential concerns.                                                                                                                                                 | 1   |
|  | <b>Wheel Covers - Phoenix - Rear Valve Extension</b><br>SKU: AML1<br>Enhance accessibility and convenience by installing Phoenix rear valve extenders on each inner rear tire, ensuring easy tire maintenance and improved efficiency.                                                                                                                                                    | 1   |
|  | <b>NEW Chassis Prep and - Type 3 to 1</b><br>SKU: -<br>Includes replacement of rear cab window glass with a painted aluminum insert featuring a square opening for bellows installation between cab and module. Ten outriggers (five per frame rail) with neoprene mounting pucks are installed to securely mount the module, ensuring durability and proper alignment. Includes bellows. | 1   |
|  | <b>Console - Type I - Ford</b><br>SKU: -<br>Durable aluminum switch console designed for Ford Type I chassis, featuring two integrated cup holders, map storage, three glove box compartments, and dedicated space for siren and radio equipment.                                                                                                                                         | 1   |
|  | <b>Suspension -Liquid Springs - Rear</b><br>SKU: -<br>Enhance ride comfort and safety with the LiquidSpring Rear Suspension, featuring advanced CLASS® technology. This adaptive system automatically adjusts to road conditions for superior handling, stability, and a smoother, more compliant ride.                                                                                   | 1   |
|  | <b>Chassis Dome Lighting - R/C (2)</b><br>SKU: -<br>Install two ceiling dome lights above each seat, featuring selectable white or red illumination for enhanced visibility and comfort.                                                                                                                                                                                                  | 1   |

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3/13



| Image                                                                                        | Description                                                                                                                                                                                                                                                                                          | Qty |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|             | Console - Arm Rest (Set of 2) / Not Available on Type 3<br>SKU: C-ARM-102<br>Set of two Havis adjustable arm rests, mounted on both sides of the cab switching console, providing enhanced comfort and support for operators. Not available on Type 3 chassis.                                       | 1   |
|             | Grille Guard with Replacement Bumper - Fab Fours - Type 1 - Ford<br>SKU: GGR8FFT1FORD<br>Fab Fours Grille Guard with Replacement Bumper for Type 1 Ford                                                                                                                                              | 1   |
|             | Wheel Covers - Ford F550<br>SKU: 37-1950W<br>Enhance your Ford F550 with a set of four durable stainless steel wheel covers, providing a polished look and long-lasting protection for your chassis.                                                                                                 | 1   |
|             | Running Boards - Type I - Ford or Dodge Regular Cab (2)<br>SKU: -<br>Install two new aluminum Grip Strut running boards with steel supports securely mounted to the OEM chassis. Includes front and rear aluminum tread plate splash guards for enhanced durability and protection.                  | 1   |
|             | Running Boards - Lights -LED (Set of 2)<br>SKU: -<br>Enhance visibility and safety with a set of two 4-inch LED lights professionally installed on each cab running board. Lights automatically activate when doors open and turn off when doors close.                                              | 1   |
| Module Exterior                                                                              |                                                                                                                                                                                                                                                                                                      |     |
|             | Compartment - OXYGEN<br>SKU: O2_ck<br>Verify that the M and/or H Bottle Holder in the oxygen compartment is present and complete. If incomplete, notify the end user with required actions and any applicable costs. For Phoenix Modules, any issues will be corrected at no charge to the end user. | 1   |
|             | Exterior - Splash Guards (2)<br>SKU: Splash_Guard<br>Enhance your vehicle's protection with standard exterior splash guards, designed to shield against road debris and maintain a clean, polished appearance.                                                                                       | 1   |
|  | Fuel Fill Hose "Neck"<br>SKU: FHN<br>Professional installation of a new fuel fill hose and copper plumbing, precisely fitted to the module and compliant with Ford QVM guidelines, ensuring reliable and efficient tank filling.                                                                     | 1   |
|           | Fenderettes - 2 Black Rubber (Set of 2)<br>SKU: GSX178BLK<br>Professional installation of two new black rubber fenderettes, enhancing vehicle protection and appearance. Set includes two durable, weather-resistant fender flares as shown.                                                         | 1   |
|           | Fuel Fill - CAST Products - Filler<br>SKU: FG5301-1-263<br>Professional installation of a new CAST Products fuel filler housing, ensuring secure and reliable exterior fuel access.                                                                                                                  | 1   |

| Image                                                                               | Description                                                                                                                                                                                                                                                                                       | Qty |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|  | Weather-strip - 150 Ft (Dont use for Demers)<br>SKU: -<br>High-quality weather-strip installed to ensure optimal sealing and protection. Material will be cross-referenced with manufacturer specifications for precise fit and durability. Priced per foot.                                      | 1   |
|  | Door Rotary Latches<br>SKU: -<br>Professional installation of new door rotary latches, matched to paddle handle manufacturer specifications for optimal performance and reliability.<br><i>Notes: Eberhard</i>                                                                                    | 18  |
|  | Exterior - Corner Guards - Tread Plate (Set of 4) / MATCH<br>SKU: AA_CG<br>Set of four custom-cut aluminum tread plate corner guards, precisely matched to the OEM module for a seamless fit and enhanced exterior protection.                                                                    | 1   |
|  | Exterior - Kick Plate / New<br>SKU: BA_KP<br>Install a new aluminum tread plate rear kick panel, precisely matched to the original for enhanced durability and a seamless exterior finish.                                                                                                        | 1   |
|  | Exterior - Rub Rails / C Channel w/Refl Tape<br>SKU: AA_RR<br>Enhance safety and visibility with exterior rub rails featuring durable C channel construction and customizable reflective tape color. Ideal for added protection and compliance on module exteriors.                               | 1   |
|  | Exterior Drip Rail - Exterior (24ft) / Silver<br>SKU: DIE74T<br>Professional installation of a new black powder-coated drip rail over all rear module doors, enhancing weather protection and durability for your 24ft exterior module.                                                           | 1   |
|  | Fuel Fill - Spill Guard / Tread Plate (1)<br>SKU: -<br>Precision-cut and professionally installed aluminum tread plate provides durable protection against fuel spills under the rear module fuel port, ensuring long-lasting performance and easy maintenance.                                   | 1   |
|  | Rear Bumper - ETA Style<br>SKU: -<br>Upgrade your vehicle with a new ETA Style Rear Bumper featuring a durable steel substructure, convenient flip-up step, aluminum tread plate bumper tips with illuminated ETA logos, and black rubber dock bumpers for enhanced protection and functionality. | 1   |
|  | Tag Bracket - CAST Products W/ 2 LED Lights<br>SKU: LP0002-1-C-CHA<br>Professional installation of a new Cast Products license plate holder with integrated LED lights, ensuring enhanced visibility and a secure fit. Placement will be finalized during the work order meeting.                 | 1   |
|  | Module Mount Down - Type 3 to 1<br>SKU: -<br>-                                                                                                                                                                                                                                                    | 1   |

| Image                                                                               | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Qty |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|    | Module Prep - Type 3 to Type 1<br>SKU: mod_prep_3to1<br>Comprehensive exterior module preparation, including removal of all painted parts and components such as lights, doors, hinges, handles, latches, vent covers, shorelines, and tread plate. Service includes detailed inspection, addition of structural tubing, aluminum skin welding, and creation of a new bellows opening for optimal fit and durability.                                         | 1   |
|                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
| IMG                                                                                 | Door Handles -Eberhard - Locking (ALL) / Transfer Existing<br>SKU: CUSTOM                                                                                                                                                                                                                                                                                                                                                                                     | 1   |
| Exterior Lighting                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
|    | Install Exterior Electrical and Lights (Labor Only)<br>SKU: LO_LT<br>Professional installation of new or existing exterior lights and shoreline connection after painting, ensuring all electrical components are properly hooked up. Labor only.                                                                                                                                                                                                             | 1   |
|    | ICC/DOT Lights - AEV Corner LED Amber<br>SKU: AEV-KACC101<br>Professional installation of two AEV amber LED ICC/DOT corner lights on the front module, enhancing visibility and compliance with safety regulations.                                                                                                                                                                                                                                           | 1   |
|    | ICC/DOT Lights - AEV Corner LED Red<br>SKU: AEV-KACC102<br>Professional installation of two AEV ICC/DOT-compliant red LED corner lights on the rear of the module, enhancing visibility and safety to meet regulatory standards.                                                                                                                                                                                                                              | 1   |
|    | ICC/DOT Lights - TecNiq - S17 Amber<br>SKU: S17-AA0P-1, S17-0G00-1<br>-                                                                                                                                                                                                                                                                                                                                                                                       | 3   |
|    | ICC/DOT Lights - TecNiq - S17 RED<br>SKU: S17-RR0P-1, S170G00-1<br>-                                                                                                                                                                                                                                                                                                                                                                                          | 3   |
|    | * Whelen - 900 Series LED WARNING (Scan-Lock™ SINGLE COLOR - INTERNAL FLASHER) - REQUIRES BEZEL<br>SKU: whelen_900warning_flashing_singlecolor_generic<br>Whelen 900-Series - INTERNAL FLASHER ANY COLOR - Red/Amber/Blue/White ANY LENS - Clear or Colored<br>Notes: ALL CLEAR BEZELS (7) FRONT - R/W/R/W/R/W/R (5) REAR - Upper - Red / Load / Amber / Load / Red / Midline - Red (to show through windows) (4) SIDES - Red - Upper front and rear of sides | 16  |
|  | * Whelen - 600 Series LED WARNING (Scan-Lock™ SINGLE COLOR - INTERNAL FLASHER) - REQUIRES BEZEL<br>SKU: whelen_600warning_flashing_singlecolor_generic<br>Whelen 600-Series - INTERNAL FLASHER ANY COLOR - Red/Amber/Blue/White ANY LENS - Clear or Colored<br>Notes: (2) - Red/Clear Lens - Over Rear Wheels                                                                                                                                                 | 2   |
|  | * Whelen BTT - 600 Set - Brake / Turn Signal / Back Up Lights - REQUIRES BEZELS - (2) SETS REQUIRED<br>SKU: 604BTT, 604BU, 604T<br>Upgrade to new Whelen 600 Series brake, turn, and backup lights, professionally installed in the original mounting location for enhanced visibility and safety.                                                                                                                                                            | 2   |

| Image                                                                               | Description                                                                                                                                                                                                                                                                                                                                                                 | Qty |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|  | * Whelen BTT - 600 Series Bezel 3-Light CHROME<br>SKU: PLAST3V<br>Professional installation of new Whelen 600 Series Bezels on 600 Series Lights, ensuring proper fit and finish for enhanced exterior lighting performance. Quantity as listed. Mounts (3) 600-Series Light Vertically in one housing.                                                                     | 2   |
|  | * Whelen - 400 Series LED WARNING (STEADY BURN ONLY - FLASHER NEEDED) - REQUIRES BEZEL<br>SKU: whelen_400warning_singlecolor_generic<br>Whelen 400-Series - REQUIRES FLASHER ANY COLOR - Red/Amber/Blue/White ANY LENS - Clear or Colored<br>Notes: (4) Red/Clear lens - Grille Guard                                                                                       | 4   |
|  | * Whelen - 400 Series - Bezel CHROME<br>SKU: 4EFLANGE<br>-                                                                                                                                                                                                                                                                                                                  | 4   |
|  | * Whelen - 600 Series Bezel CHROME<br>SKU: 6EFLANGE<br>Professional installation of new Whelen 600 Series Bezels on 600 Series Lights, ensuring proper fit and finish for enhanced exterior lighting performance. Quantity as listed.                                                                                                                                       | 2   |
|  | * Whelen - 900 Series Bezel CHROME<br>SKU: 90FLANGC<br>Professional installation of new Whelen 900 Series Bezels on 900 Series Lights, ensuring proper fit and finish for enhanced exterior lighting performance. Quantity as listed.                                                                                                                                       | 16  |
|  | * Whelen - 900 Series LED Load/Scene Light - INCLUDES CHROME BEZEL<br>SKU: 9SC0ENZR<br>Upgrade to Whelen 900 Series LED Load/Scene Lights, professionally installed in your existing locations for enhanced exterior illumination and reliability.                                                                                                                          | 6   |
| Exterior Electrical                                                                 |                                                                                                                                                                                                                                                                                                                                                                             |     |
|  | PCP & Modular Wiring - Transfer Existing<br>SKU: PCP_TNS<br>Professional transfer of existing PCP and modular wiring, including thorough operational checks and expert recommendations for any necessary repairs or upgrades to ensure reliable exterior electrical performance.                                                                                            | 1   |
|  | Inverter-Transfer Existing<br>SKU: TIV<br>Professional transfer of your existing inverter, including operational checks to ensure optimal performance. Immediate notification provided if any defects are detected.                                                                                                                                                         | 1   |
|  | Shoreline - Kussmaul - 20 amp Super Auto Eject<br>SKU: 091-18wp-120<br>Professional installation of a Kussmaul 20 Amp Super Auto Eject Shoreline with Dynamic Disconnect, providing reliable exterior electrical connection and automatic power transfer for enhanced safety and convenience. - Please Ask Customer for desired color over their cover. Yellow is standard. | 1   |
|  | Shoreline - Kussmaul - 30 amp Super Auto Eject<br>SKU: 091-159-30-120 // 091-159-30-250<br>Professional installation of a Kussmaul 30 Amp Super Auto Eject Shoreline with Dynamic Disconnect, providing reliable exterior electrical connection and automatic power transfer for enhanced safety and convenience.                                                           | 1   |



| Image                                                                               | Description                                                                                                                                                                                                                                                                                                        | Qty |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|    | Shoreline - Kussmaul - Indicator Light - Select Color<br>SKU: -<br>Professional installation of a new Kussmaul green indicator light to clearly display Shoreline connection status. Exact placement to be determined during the work order meeting.<br><i>Notes: Green</i>                                        | 1   |
| Paint & Graphics                                                                    |                                                                                                                                                                                                                                                                                                                    |     |
|    | Detail & Sanitize Vehicle<br>SKU: DSV<br>Thoroughly detail and sanitize vehicle to ensure a spotless, delivery-ready finish.                                                                                                                                                                                       | 1   |
|    | Paint Module - Chassis Make - WHITE<br>SKU: Paint_OEM_White<br>Professional base coat/clear coat paint application to match the module color with the OEM chassis in white, ensuring a seamless and durable finish.                                                                                                | 1   |
|    | Graphics - Install New Graphics (ETA Supplied)<br>SKU: NEW_Graphics_Match<br>Professional installation of new ETA-supplied graphics, including layout design for your review and approval prior to application.                                                                                                    | 1   |
| Airhorns Sirens & Speakers                                                          |                                                                                                                                                                                                                                                                                                                    |     |
|    | Speakers - Fenix (2) 100 Watt<br>SKU: FX_Triton<br>The Triton 100W speaker features a compact, low-profile design with durable polycarbonate housing, delivering wide 85-degree sound dispersion for optimal performance in police, fire, or EMS vehicles. Exceeds SAE J1849 standards for reliability and safety. | 1   |
|    | * Whelen - Siren - Howler - Includes Amplifier and Two Speakers<br>SKU: Howler<br>Professional installation of a new Whelen "HOWLER" low-tone siren system, delivering enhanced audible warning for increased safety and vehicle presence.                                                                         | 1   |
|    | * Whelen - Siren - 295HFSA7-Dual Tone - Remote Head - 200 Watts<br>SKU: 295HFSA7<br>Professional installation of a new Whelen 295HFSA7 Dual Tone Siren in the cab console, providing enhanced audible alerts for improved safety and response. Exact placement to be determined during the work order meeting.     | 1   |
| Module Interior                                                                     |                                                                                                                                                                                                                                                                                                                    |     |
|  | Fasteners - Replace Rusted Screws, Fasteners &/or Trim<br>SKU: FN<br>Replace all rusted, discolored, or missing screws and fasteners with new components, and install new interior trim where needed to ensure a secure and refreshed module interior.                                                             | 1   |
|  | O2 Outlet- Need Brand & Model (3)<br>SKU: O2-OI<br>Professional installation of three new O2 outlets in the existing location, ensuring reliable oxygen delivery and compliance with safety standards. Brand and model to be specified per project requirements.                                                   | 1   |

| Image                                                                               | Description                                                                                                                                                                                                                                                                                                                                        | Qty |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|  | Formica - Perform Minor Repairs<br>SKU: eta_formica_basic<br>When possible, ETA will perform minor Formica repairs as required. If extensive work is needed, discuss with customer for resolution                                                                                                                                                  | 1   |
|  | Action Area - Switch Panel - TRANSFER EXISTING<br>SKU: -<br>Inspect existing Action Area Switch Panel to ensure proper functionality and report any issues directly to the end user.                                                                                                                                                               | 1   |
|  | Attendant Seat - Base - EVS Pedestal / Swivel & Slide<br>SKU: -<br>Professional installation of a new EVS pedestal seat base with swivel and slide functionality, providing flexible and ergonomic seating for attendants. Exact placement to be determined during the work order meeting.                                                         | 1   |
|  | Flooring - Ionplate II-424tx - Gun Metal - Inc Two New Thresholds<br>SKU: P424TX<br>Durable IonPlate II flooring in Gun Metal finish, including two new thresholds, provides a sleek, resilient solution for high-traffic interior modules.                                                                                                        | 1   |
|  | LEXAN--Clear-All Cabinets<br>SKU: Plexi-3/16Clear<br>Upgrade your space with new 3/16" clear LEXAN interior cabinet doors, offering enhanced durability and a modern, transparent look for all cabinets.                                                                                                                                           | 1   |
|  | Attendant Seat - EVS - Child Safety Seat 5 Point Harness<br>SKU: 1870<br>Professional installation of a new EVS Attendant Seat featuring a secure 5-point harness and integrated child safety system, ensuring enhanced protection and comfort within your module interior.                                                                        | 1   |
|  | Glove Holder - Over side entry - Holds Three Boxes<br>SKU: -<br>Professional installation of a new over side entry glove box holder, accommodating three boxes. Exact placement to be determined during the work order meeting. Ideal for organized and accessible glove storage within your module interior.                                      | 1   |
|  | Squad Bench 5 Point Harnesses - Investigate Structure<br>SKU: CUSTOM                                                                                                                                                                                                                                                                               | 1   |
| HVAC                                                                                |                                                                                                                                                                                                                                                                                                                                                    |     |
|  | Remove & Hook Up HVAC Unit & AUX, Condenser<br>SKU: RHVAC<br>Professional labor to remove and install a 12 Volt HVAC unit and auxiliary condenser. Service includes expert handling and connection of customer-supplied equipment, ensuring reliable performance and system integration. HVAC unit and condenser must be provided by the customer. | 1   |
|  | AC/Heat - Hoseline 12 Volt and 110 Volt System<br>SKU: -<br>Professional installation of a Hoseline AC/Heat system with both 12V and 110V operation, designed for reliable climate control. Requires 30 AMP shoreline connection for optimal performance and integration with your existing power supply.                                          | 1   |

| Image                                                                               | Description                                                                                                                                                                                                                                                                        | Qty |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Interior                                                                            |                                                                                                                                                                                                                                                                                    |     |
|    | Dome Light - Kenequip - White<br>SKU: KFA-LQ15-W-01K<br>Professional installation of new Kenequip 8" white dome light featuring adjustable high/low brightness for enhanced interior illumination.                                                                                 | 1   |
| Cot Retention Systems                                                               |                                                                                                                                                                                                                                                                                    |     |
|    | Stryker Install Customer Furnished Power or Perform.LOAD<br>SKU: STY_Install_only<br>Professional installation of customer-supplied Stryker Power/Performance Load system, including wiring harness connection and comprehensive performance testing to ensure reliable operation. | 1   |
| Loose Equipment                                                                     |                                                                                                                                                                                                                                                                                    |     |
|    | Administration<br>SKU: Admin<br>Administration                                                                                                                                                                                                                                     | 1   |
|    | CAAS Certifications<br>SKU: CAAS<br>Install CAAS standards Sticker                                                                                                                                                                                                                 | 1   |
|    | Fuel<br>SKU: FUEL<br>Vehicle will be delivered with a full tank of fuel, ensuring immediate readiness for use.                                                                                                                                                                     | 1   |
| IMG                                                                                 | Radio/Siren - Magnetic Mic. Clip<br>SKU: MMSU1<br>Securely mount your radio or siren microphone with this magnetic clip, offering easy access and reliable placement. Installation location will be determined during the work order meeting.                                      | 1   |
|    | Spot Light - Ship Loose<br>SKU: -<br>12V handheld spotlight with plug-in design and flexible curly cord, shipped loose for easy installation—ideal for enhanced visibility and convenience.                                                                                        | 1   |
| Warranty                                                                            |                                                                                                                                                                                                                                                                                    |     |
|   | Perform AMD 005 Low Voltage Electrical System Test (CAAS)<br>SKU: AMD_005<br>AMD 005 Low Voltage Electrical System Test                                                                                                                                                            | 1   |
|  | Perform AMD 009 125V AC Electrical Systems Test<br>SKU: AMD_009<br>AMD 009 125v Electrical Systems Test                                                                                                                                                                            | 1   |
|  | Perform AMD 010 Water Leak Test<br>SKU: AMD_010<br>AMD 010 Water Leak Test                                                                                                                                                                                                         | 1   |
|  | Perform AMD 015 Ambulance Main Medical Gas System Test<br>SKU: amd_015<br>AMD 015 Ambulance Main Medical Gas System Test                                                                                                                                                           | 1   |

| Image                                                                               | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Qty |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|  | Perform AMD 021 Aspirator System Test<br>SKU: amd_021<br>AMD 021 Aspirator System Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1   |
|  | Perform AMD 025 Occupant Head Clearance Zones Test<br>SKU: amd_025<br>AMD 025 Occupant Head Clearance Zones Test                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1   |
|  | ETA Limited Structural Warranty Summary<br>SKU: eta_struc_warr<br>Every ETA remount includes a 15-year structural warranty on the module body frame, exterior aluminum panels, and permanently installed aluminum cabinets. We cover 100% of parts and labor for the first 5 years, then continue prorated coverage through year 15. The warranty protects against structural defects and weld-related electrolysis, with exclusions for general corrosion, cosmetic items, third-party parts, and misuse. The complete warranty will be included in your delivery paperwork. | 1   |
|  | ETA Limited Supplemental Paint & Coatings Warranty Summary<br>SKU: eta_paint_warr<br>Every ETA remount includes a 5-year supplemental paint warranty. We cover defects such as peeling, cracking, loss of gloss, or failures caused by defective refinishing materials. Labor is covered in full for the first 3 years, then prorated to 75% in year 4 and 50% in year 5. Exclusions include normal wear, corrosion, environmental damage, accidents, or improper care. The complete warranty will be included in your delivery paperwork.                                    | 1   |
|  | ETA Limited General Remount Warranty Summary<br>SKU: eta_gen_warr<br>Every ETA remount includes a 3-year / 36,000-mile general warranty. We cover 100% of parts and labor in the first year, then continue prorated coverage through year three. Some exclusions apply (such as normal wear, third-party parts, or module construction items that remain under the original manufacturer's responsibility). The complete warranty will be included in your delivery paperwork.                                                                                                | 1   |
|  | ETA Limited Electrical Warranty Summary<br>SKU: eta_elect_warr<br>Every ETA remount comes with a 5-year / 100,000-mile electrical warranty. We cover all parts and labor the first year, then continue prorated coverage through year five. Some exclusions apply (such as normal wear, third-party parts, misuse, or environmental damage). The complete warranty will be included in your delivery paperwork.                                                                                                                                                               | 1   |

Total: \$195,000.00

Terms & Conditions:

INVOICING AND PAYMENT TERMS:

Vendor shall submit a single original invoice for each payment due under this Sale Agreement. Each invoice must itemize the products or services rendered in accordance with the terms set forth in the associated Quote and must reference the Customer's Purchase Order Number.

If the Sale Agreement includes provisions for progress or advance payments tied to specific milestones or activities, the Vendor's invoice must certify that the corresponding milestone or activity has been fully completed. Upon such payment, the Customer shall acquire a security interest in the applicable products to the extent of the amount paid.



Unless otherwise agreed to in writing, all payments shall be due upon delivery of the unit and receipt of the corresponding invoice.

Payments may be made by check or wire transfer. For payments made by check, checks should be made payable to: Emergency Transportation Associates, LLC.

DELIVERY TERMS: The products listed in the estimate are to be delivered Free On Board (FOB) Destination to Deep Gap, NC Customer representative(s) will pick up the unit at upfitter location, 307 Yuma Lane E Deep Gap NC 28618 and transport it to their final destination at customer expense unless otherwise specified in the Vendor quote.

PROPRIETARY INFORMATION, CONFIDENTIALITY AND ADVERTISING:

All commercial, financial, or technical information provided by Vendor to Customer shall be considered proprietary and confidential. This information may not be shared with any third party without the Vendor's prior written consent. *Unless required by law*

This confidentiality obligation remains in effect even after the termination of this agreement. Upon request, Customer agrees to return or destroy all confidential materials, including any copies or reproductions. *To the extent allowable by law*

This obligation does not apply to information that was publicly available through no fault of the Customer or already lawfully in the Customer's possession prior to the date of this quote, as documented in written records."

CHASSIS PAYMENTS DUE AT TIME OF ORDER - Due to the new rules and regulations set fourth by the chassis manufactures all projects chassis must be paid for at the time of order.

Once your order is processed you will receive an email from ETA with the following

- RO Reference Number
- Total Amount of the project
- Total amount of the chassis cost due
- Total amount due at the time of projects completion

Unless otherwise agreed upon the customers take off chassis (old) is considered traded in to Emergency Transportation Associate's, LLC. A trade in value as already been applied to this order and is included in the total price that is listed on the first page. "

Acceptance & Signatures:

To move forward and secure your order and production slot, please sign below, initial the lower right corner of each page, and return the completed proposal to your Sales Associate at the email address listed on the first page. We look forward to partnering with you and your department on this project."

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12/13

11/17/25, 12:15 PM

Quote 1069

Customer Acceptance:

Signature

Date

*[Signature]*

12/01/2025

ETA Authorized:

Signature

Date

11-23-2025

This instrument has been pre-audited  
in the manner required by the Local  
Government Budget and Fiscal Control Act.

*[Signature]*  
Finance Officer

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12/13

SUPPLEMENTAL NORTH CAROLINA HAZARD MITIGATION GRANT PROGRAM  
(HMGP) GRANT AGREEMENT

THIS SUPPLEMENTAL HAZARD MITIGATION GRANT PROGRAM (HMGP) AGREEMENT is entered into by and between the **State of North Carolina, Department of Public Safety, Division of Emergency Management, Raleigh, North Carolina** (hereinafter referred to as the AGENCY/GRANTEE), and the **Duplin County, North Carolina** (hereinafter referred to as the RECIPIENT/SUBGRANTEE).

WITNESSETH

That WHEREAS, on January 20, 2023, the parties entered into a Hazard Mitigation Grant Program (HMGP) Grant Agreement wherein RECIPIENT/SUBGRANTEE as grantee agreed to provide project management services and subrecipient management services.

And WHEREAS, on March 10, 2023, the parties acknowledged a Period of Performance Extension Letter that extended the Period of Performance to March 12, 2025;

And WHEREAS, FEMA approved a Period of Performance extension and extended the Period of Performance to March 12, 2026;

And WHEREAS, on March 17, 2025, the Parties entered into a Supplemental Grant Agreement that extended the Period of Performance to March 12, 2026;

And WHEREAS, on July 21, 2025, FEMA approved Sub-recipient Management Costs for the project;

Therefore, in consideration of the work and progress that has already been made on the original HMGP Memorandum of Agreement and in further consideration of the promises and agreements that follow, the AGENCY/GRANTEE and the RECIPIENT/SUBGRANTEE do mutually agree that the prior HMGP Memorandum of Agreement of the parties is changed in the following respects only:

1. Revised Paragraph 1, SCOPE OF WORK.

The RECIPIENT/SUBGRANTEE shall fully perform the approved Hazard Mitigation Grant Program (HMGP) project, as described in the approved FEMA application as described in Attachment A, in accordance with the approved scope of work in the approved FEMA application, the estimate of costs indicated in the approved FEMA application, and the terms and conditions of this Agreement.

Based on the current approved Total Project Amount listed below, the total amount of SRMC available (5% of the total project cost) for this sub-award is \$99,259.02. This amount is subject to change based on cost underruns or cost overruns.

| Project     | 5% SRMC Available | SRMC Awarded | SRMC Remaining |
|-------------|-------------------|--------------|----------------|
| 4393-0025-R | \$99,259.02       | \$99,259.02  | \$0.00         |

*\*The "SRMC Available" amount listed above is the total amount that is available for the lifespan of the project and is based on the current approved Total Project Costs. The SRMC Available/Awarded amount is subject to change based on cost underruns or cost overruns.*

*The "SRMC Awarded" amount reflects the SRMC Awarded at the time of the FEMA award for SRMC costs. This number is based on estimates that were provided to FEMA at the application stage. Upon request and justification from the County, the State can seek the release of additional "SRMC Remaining" funds for the County beyond the initial SRMC Awarded amount.*

*To receive any reimbursement of SRMC funds, whether designated Awarded, Available, or Remaining, the County must justify work **actually performed through the submission of the reimbursement forms**. The County will submit Requests for Reimbursements (RFRs) through EM Grants.*

*\*Amount of SRMC available is based on the current approved total project cost of \$1,985,180.40 with a federal share of \$1,488,885.30 and a non-federal share of \$496,295.10. This amount is subject to change based on cost underruns or cost overruns.*

FEMA defines management costs as any:

- Indirect costs
- Direct administrative costs, and
- Other administrative expenses associated with a specific project

This project must adhere to all program guidelines established for the Hazard Mitigation Grant Program and expenditure of sub-recipient management costs must adhere to FEMA Policy #104- 11-1 HMGP MC (Interim) A. Requirements and B. Program Requirements and Procedures (November 15, 2018)



2. Revised Paragraph 2, FUNDING AND INSURANCE.

A. Acquisition

|                               |             |                  |
|-------------------------------|-------------|------------------|
| Total Number of Structure(s)  |             | Total Hard Costs |
| 19                            |             | \$ 1,877,830.40  |
| Soft Costs/unit               | Total Units | Total Soft Costs |
| \$ 5,650.00                   | 19          | \$ 107,350.00    |
| Total Estimated Project Costs |             | \$1,985,180.40   |

The total estimated project costs are an estimate only. The final project costs will be determined according to the policies and procedures in the applicable North Carolina Division of Emergency Management Standard Operating Procedure.

B. Funding Sources

- 1. Estimated Federal Share for: HMGP 4393-0025-R \$1,488,885.30
- 2. Estimated State Share for: HMGP 4393-0025-R \$496,295.10
- 3. SRMC Awarded for: HMGP 4393-0025-R \*\$99,259.02

TOTAL PROJECT AMOUNT FOR: HMGP 4393-0025-R \*\*\$ 1,985,180.40

\* The SRMC Available/Awarded amount is subject to change based on cost underruns or cost overruns.

\*\*Total Project Amount does not include SRMC

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It is expressly agreed by the parties that this Supplemental HMGP Grant Agreement is supplemental to the HMGP Memorandum of Agreement executed on January 20, 2023, and the Supplemental Agreement executed on March 17, 2025, attached and incorporated by reference herein, and all terms, conditions, and provisions of the original HMGP Memorandum of Agreement and subsequent supplemental agreements unless specifically modified by this supplemental agreement, are to apply to this HMGP Supplemental Memorandum of Agreement and are made a part of this agreement as though expressly included.

IN WITNESS WHEREOF, the AGENCY/GRANTEE and the RECIPIENT/SUBGRANTEE have each executed this Agreement, this\_\_\_\_\_

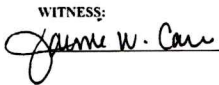
CONTRACTING AGENCY  
DIVISION OF EMERGENCY MANAGEMENT  
DEPARTMENT OF PUBLIC SAFETY

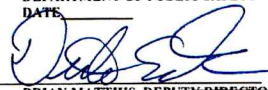
WITNESS: \_\_\_\_\_

BY: \_\_\_\_\_  
WILLIAM RAY, DIRECTOR  
DIVISION OF EMERGENCY MANAGEMENT  
DATE \_\_\_\_\_

WITNESS: \_\_\_\_\_

BY: \_\_\_\_\_  
CAROLINE VALAND  
CHIEF DEPUTY SECRETARY ADMINISTRATION  
DEPARTMENT OF PUBLIC SAFETY  
DATE \_\_\_\_\_

WITNESS: 

BY:   
~~BRIAN MATTHIS, DEPUTY DIRECTOR~~  
DUPLIN CO. PUBLIC SAFETY  
DUPLIN COUNTY FEDERAL  
EMPLOYER I.D. #56-600296  
DATE 12/01/2025  
Dexter Edwards  
Chairman

APPROVED AS TO PROCEDURES:

BY: \_\_\_\_\_  
SHARON MARSALIS, BUDGET DIRECTOR  
DEPARTMENT OF PUBLIC SAFETY  
DATE \_\_\_\_\_

APPROVED AS TO FORM SUBJECT TO EXECUTION BY CAROLINE VALAND, CHIEF DEPUTY SECRETARY, ADMINISTRATION OF DEPARTMENT OF PUBLIC SAFETY.

DEPARTMENT OF PUBLIC SAFETY

BY: \_\_\_\_\_  
DEPUTY GENERAL COUNSEL

**WORK AUTHORIZATION No. #13**

ENGINEERING CONSULTING SERVICES BY:  
**PARRISH AND PARTNERS OF NORTH CAROLINA, PLLC**

FOR:  
**REPLACE FUEL FARM  
(CONSTRUCTION PHASE SERVICES)**

AT:  
**DUPLIN COUNTY AIRPORT (DPL)**

REFERENCING:  
**WBS No.: TBD (NPE Funds)  
Project Request No. 4950**

**April 2, 2025**

**I. PROJECT SUMMARY**

The Duplin County Airport (DPL) proposes to construct a new fuel farm to replace its existing single 12,000 gallon AVGAS and dual 12,000 gallon Jet-A tanks that are currently past their useful lives, and do not meet current NFPA and safety requirements. The current system was purchased by the County in 1994 without using federal or state funds. Additionally, the second 12,000 gallon Jet-A tank was added in 2022 to support the NC Forest Service demand using County funds. The second Jet-A tank is a 1997 model. They have experienced leakage, corrosion, and maintenance issues and now require replacement with a new NFPA compliant system.

This work authorization includes Construction Phase Services for a 180 Calendar Day contract time which includes a 90 day procurement period and a 90 day construction duration.

**II. CONSULTANT'S SCOPE OF WORK OVERVIEW**

The scope of work for this Work Authorization includes:

1. Construction Administration
2. Resident Project Representative
3. Construction QA Testing
4. Project Management and Grant Services
5. Prepare Record Drawings

The contract contains tasks that are based on both lump sum and hourly not to exceed payment methods. Subconsultant Scope and Fee proposals have been attached to define roles and efforts to be taken.

This scope does not include:

1. Land acquisition professional services
2. Utilities Permitting Fees
3. Permit fees associated with obtaining Erosion Control Permit or other permits
4. Extensive agency coordination. It is assumed that there will be little to no agency coordination required.
5. Other items not specifically stated within agreement

**III. DESIGN CRITERIA AND REQUIREMENTS**

The following are the primary FAA Advisory Circulars and other design standards to be utilized during the design effort. All design will be performed according to the current edition at the time of execution of this work authorization

- NFPA 407
- NC Building Code
- NC Fire Code
- FAA AC 150/5300-13b;     Airport Design
- FAA AC 150/5340-1;     Standards for Airport Markings
- FAA AC 150/5370-2;     Operational Safety on Airports During Construction
- FAA AC 150/5320-6;     Airport Pavement Design and Evaluation
- FAA AC 150/5340-30;    Design and Installation Details for Airport Visual Aids
- FAA AC 150/5370-10;    Standards for Specifying Construction of Airports
- Federal Aviation Regulation Part 77 Surfaces

## IV. WORK TASKS

- A. **BASIC SERVICES:** The **CONSULTANT** shall perform the following Basic Services for the project as outlined in Exhibit C of the Master Agreement dated January 3, 2023 and further described below:
1. **Construction Phase Services:** After notice to proceed with the Construction Phase, **CONSULTANT** shall:
    - a. The **CONSULTANT's** responsibility to provide Basic Services for the Construction Phase under this Agreement commences with the award of a Contract for Construction and terminates at the earlier of the issuance by the **OWNER** of the final Certificate for Payment or 30 days after the date of Substantial Completion of the Work, but if so stated by Work Authorization, may be extended under the terms of Section II.B "Special Services";
    - b. **CONSULTANT** shall attend and administer the preconstruction and prepaving conference, DOA staff will be invited with a minimum of five business days' notice;
    - c. Visits to Site and Observation of Construction: In connection with observations of the work of Contractor(s) while it is in progress:
      - i. **CONSULTANT** shall make visits to the site at intervals appropriate to the various stages of construction as **CONSULTANT** deems necessary in order to observe as an experienced and qualified design professional the progress of the various aspects of Contractor(s)' work. Based on information obtained during such visits and on such observations, **CONSULTANT** shall endeavor to determine in general if such work is proceeding in accordance with the Contract Documents and **CONSULTANT** shall keep **OWNER** informed of the progress of the work;
      - ii. **CONSULTANT** shall not during such visits or as a result of such observations of Contractor(s)' work in progress, supervise, direct or have control over Contractor(s)'s work nor shall **CONSULTANT** have authority over or responsibility for the means, methods, techniques, sequences or procedures of construction selected by Contractor(s), for safety precautions and programs incident to the work of Contractor(s) or for any failure of Contractor(s) to comply with laws, rules, regulations, ordinances, codes or orders applicable to Contractor(s) furnishing and performing their work. Accordingly, **CONSULTANT** can neither guarantee the performance of the construction contracts by Contractor(s) nor assume responsibility for Contractor(s)' failure to furnish and perform their work in accordance with the Contract Documents;
    - d. Defective Work: During such visits and on the basis of such observations, **CONSULTANT** may disapprove of or reject Contractor(s)' work while it is in

- progress if **CONSULTANT** believes that such work will not produce a completed Project that conforms generally to the Contract Documents or that it will prejudice the integrity of the design concept of the Project as reflected in the Contract Documents.
- e. Interpretations and Clarifications: **CONSULTANT** shall issue necessary interpretations and clarifications of the Contract Documents and in connection therewith prepare work directive changes and change orders as required;
  - f. Shop Drawings: **CONSULTANT** shall review and approve (or take other appropriate action in respect of) Shop Drawings (as that term is defined in the aforesaid Standard General Conditions), samples and other data which Contractor(s) are required to submit, but only for conformance with the design concept of the Project. Such reviews and approvals or other action shall not extend to means, methods, techniques, sequences or procedures of construction or to safety precautions and programs incident thereto; In addition to shop drawings, included in the scope is review of the Contractor's Quality Control Plan and initial project Schedule.
  - g. Substitutes: **CONSULTANT** shall evaluate and determine the acceptability of substitute materials and equipment proposed by Contractor(s), but subject to the provision of Exhibit C to the Master Agreement, Section II, paragraph A(13);
  - h. Inspections and Tests: **CONSULTANT** shall have authority, as **OWNER's** representative, to require special inspection or testing of the work, and shall receive and review all certificates of inspections, testing and approvals required by laws, rules, regulations, ordinances, codes, orders or the Contract Documents (but only to determine generally that their content complies with the requirements of, and the results certified indicate compliance with, the Contract Documents); This item anticipates review of one testing report per week for an estimated 18 reports.
  - i. Disputes between **OWNER** and Contractor: **CONSULTANT** shall act as initial interpreter of the requirements of the Contract Documents and judge of the acceptability of the work thereunder and make decisions on all claims of **OWNER** and Contractor(s) relating to the acceptability of the work or the interpretation of the requirements of the Contract Documents pertaining to the execution and progress of the work. **CONSULTANT** shall not be liable for the results of any such interpretations or decisions rendered in good faith;
  - j. Applications for Payment: Based on **CONSULTANT's** on-site observations as an experienced and qualified design professional, on information provided by the Resident Project Representative and on review of applications for payment and the accompanying data and schedules:



- i. **CONSULTANT** shall determine the amounts owing to Contractor(s) and recommend in writing payments to Contractor(s) in such amounts. Such recommendations of payment will constitute a representation to **OWNER**, based on such observations and review, that the work has progressed to the point indicated, and that, to the best of **CONSULTANT's** knowledge, information and belief, the quality of such work is generally in accordance with the Contract Documents (subject to an evaluation of such work as a functioning whole prior to or upon Substantial Completion, to the results of any subsequent tests called for in the Contract Documents and to any other qualifications stated in the recommendation). In the case of unit price work, **CONSULTANT's** recommendations of payment will include determinations of quantities and classifications of such work (subject to any subsequent adjustments allowed by the Contract Documents);
- ii. By recommending any payment, **CONSULTANT** will not thereby be deemed to have represented that exhaustive, continuous or detailed reviews or examinations have been made by **CONSULTANT** to check the quality or quantity of Contractor(s)'s work as it is furnished and performed beyond the responsibilities specifically assigned to **CONSULTANT** in this Agreement and the Contract Documents. **CONSULTANT's** review of Contractor(s)' work for the purposes of recommending payments will not impose on **CONSULTANT** responsibility to supervise, direct or control such work or for the means, methods, techniques, sequences, or procedures of construction or safety precautions or programs incident thereto or Contractor(s) compliance with laws, rules, regulations, ordinances, codes or orders applicable to their furnishing and performing the work. It will also not impose responsibility on **CONSULTANT** to make any examination to ascertain how or for what purposes any Contractor has used the moneys paid on account of the Contract Price, or to determine that title to any of the work, materials or equipment has passed to **OWNER** free and clear of any lien, claims, security interests or encumbrances, or that there may not be other matters at issue between **OWNER** and Contractor that might affect the amount that should be paid.

- k. Contractor(s)' Completion Documents: **CONSULTANT** shall receive and review maintenance and operating instructions, schedules, guarantees, bonds and certificates of inspection, tests and approvals which are to be assembled by Contractor(s) in accordance with the Contract Documents (but such review will only be to determine that their content complies with the requirements of, and in the case of certificates of inspection, tests and approvals the results certified indicate compliance with, the Contract Documents); and shall transmit them to **OWNER** with written comments; Included in the scope is the processing and preparation of project closeout documentation as well as coordination throughout the project with subconsultants, and management of contract and submittal matters in order to improve the closeout process.
- l. Inspections: **CONSULTANT** shall conduct an inspection to determine if the work is substantially complete and a final inspection to determine if the completed work is acceptable to **OWNER**, **FAA** and other governing agencies so that **CONSULTANT** may recommend, in writing, final payment to Contractor(s) and may give written notice to **OWNER** and the Contractor(s) that the work is acceptable (subject to any conditions therein expressed), but any such recommendation and notice will be subject to the limitations expressed in paragraph j.2; and,
- m. Limitation of Responsibilities: **CONSULTANT** shall not be responsible for the act or omissions of any Contractor, or of any subcontractor or supplier, or any of the Contractor(s)' or subcontractor's or supplier's agents or employees or any other persons (except **CONSULTANT's** own employees and agents) at the site or otherwise furnishing or performing any of the Contractor(s)' work; however, nothing contained in paragraphs a through m inclusive, shall be construed to release **CONSULTANT** from liability for failure to properly perform duties and responsibilities assumed by **CONSULTANT** in the Contract Documents.

- B. **SPECIAL SERVICES:** The **CONSULTANT** shall perform the following Special Services as outlined in Exhibit A of the Master Agreement:
- 1. **Resident Project Representative Services:** Provide part-time resident project representative (RPR) services during construction. The representative is anticipated to be on site as follows:
    - a. Attend Pre-Construction Conference
    - b. 8 hours anticipated for project initiation and mobilization
    - c. 10 hours per day for the 30 days included
    - d. 24 hours are anticipated for project closeout assistance.
    - e. 8 hours anticipated for project debriefing and demobilization
  - 2. **Quality Assurance Testing / Environmental Services:**
    - a. Provide sub-contracted quality assurance (QA) testing services as required for construction in accordance with Construction Documents.
    - b. Following the completion of Phase I Environmental, which resulted in the discovery of potential contaminants, Phase II Environmental investigation is required. Provide sub-contracted assessment of soil and groundwater in the location of the proposed fuel farm.
  - 3. **Project Management/Grant Services:** Assist **OWNER** in general project management not covered by other tasks to include preparation of requests for funding and completion of applicable grant documentation, including but not limited to grant applications, request for reimbursements, and project grant closeout. Grant administration tasks will be in accordance with the most current Aviation Checklists on the DOA website.
  - 4. **Prepare Record Drawings:** Upon completion of construction and using documents provided by the Contractor and marked up set of plans by the RPR, prepare a set of record drawings to reflect the final as-built condition. Plans will be prepared in AutoCAD format and electronic (PDF) copies and two (2) hard copies will be submitted to **NCDOT-DOA** and **OWNER**. Also included in this task is the effort needed to update the airport diagram with appropriate publications.

V. **PROJECT SCHEDULE**

The following is the proposed project schedule:

|                                    |          |
|------------------------------------|----------|
| Project Formulation/Contracting    | 60 Days  |
| Preconstruction/Mobilization Phase | 15 Days  |
| Construction                       | 180 Days |
| Punch List Completion              | 15 Days  |
| Total                              | 270 days |

VI. **GENERAL ASSUMPTIONS, CLARIFICATIONS AND DELIVERABLES**

- 1) Construction duration is assumed to be 180 calendar days plus 15 days for preconstruction activities and 15 days for project closeout, punch list completion.
- 2) Inspection is based on 10 hours per day average during day-time construction activity. Night-time construction activity is not anticipated.
- 3) QA Testing Services are to be performed by subconsultants
- 4) Subconsultants will be pre-qualified by NCDOT.
- 5) 1-year warranty inspection results will be provided to DOA.
- 6) 16 site visits are anticipated during CA Phase Services.
- 7) Deliverables
  - a. Special Services
    - i. Electronic versions of all reports required for project grant closeout
    - ii. Progress meeting notes and attendance lists – this scope includes preparation of summary notes and general topics discussed during progress meetings. Detailed meeting minutes, dictations, recordings, etc. are not included.
    - iii. RPR inspection reports (upon request)
    - iv. QA testing summary, including failing tests
    - v. Construction closeout documents as provided by contractor
    - vi. Record drawings
    - vii. Items outlined in AV-103 Checklist for grant reimbursements

VII. **EXPENSES/RESIDENT PROJECT REPRESENTATIVE (RPR)**

Project Expenses have been included utilizing the current NCDOT state rates.

VIII. **OTHER**

No additional information.



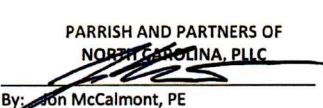
IX. CONTACT/CLOSING

The OWNER agrees to compensate the CONSULTANT for services performed for the work described herein as follows:

- A. BASIC SERVICES:
- 1. Construction Administration Services: As compensation for providing Construction Administration Services, the OWNER shall pay the CONSULTANT the lump sum fee of Sixty-Five Thousand Four Hundred Forty-Five Dollars and no cents (\$65,445.00).
  - 2. Resident Project Representative Services: Shall be compensated on an hourly basis using the hourly rates as shown in Exhibit A. The not to exceed amount of Resident Project Representative Services is Forty-Seven Thousand Four Hundred Ninety-Three Dollars and no cents (\$47,493.00).
- B. SPECIAL SERVICES:
- 3. Quality Assurance Testing: Shall be compensated on an hourly basis using the hourly rates as shown in Exhibit A. The not to exceed amount of Quality Assurance Testing is Nineteen Thousand Five Hundred Dollars and no cents (\$19,500.00).
  - 4. Project Management/Grant Services: As compensation for providing Project Management/Grant Services, the OWNER shall pay the CONSULTANT the lump sum fee of Twelve Thousand Eight Hundred Thirty-Eight Dollars and no cents (\$12,838.00).
  - 5. Record Drawing Preparation Services: Shall be compensated on a lump sum basis at a lump sum fee of Five Thousand Three Hundred and Sixty-Four Dollars (\$5,364.00).

Total amount of Work Authorization No. 13 is One Hundred Fifty Thousand Six Hundred Forty Dollars and no cents (\$150,640.00).

Agreed as to scope of services, schedule, and budget:

|                                                                                                           |                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <br>By: County Official | <br>By: John McCalmont, PE<br>Aviation Director / Principal |
| Date: 12/01/2025                                                                                          | Date: 10.27.25                                                                                                                                 |

Attachments: Exhibit A – Environmental Investigation Proposal  
Exhibit B - Professional Services Fee Summary



EXHIBIT B  
MAN-HOUR SUMMARY

|                                                       |  |                              |
|-------------------------------------------------------|--|------------------------------|
| PROJECT DESCRIPTION: DPL - Replace Fuel Farm (CA/RPR) |  | DATE PREPARED: April 2, 2025 |
| PREPARED BY: Parrish & Partners                       |  |                              |
| Professional Services Fee Summary                     |  |                              |
| BASIC SERVICES                                        |  |                              |
| Task 1 - CA Phase Services (90 CD project)            |  |                              |
| SubTotal:                                             |  | \$65,445.00                  |
| Task 2 - RPR Services (part time 30 days)             |  |                              |
| SubTotal:                                             |  | \$47,493.00                  |
| Basic Services Lump Sum                               |  | \$112,938.00                 |
| SPECIAL SERVICES                                      |  |                              |
| Task 3: QA Testing / Environmental Services           |  |                              |
| SubTotal:                                             |  | \$19,500.00                  |
| Task 4: Project Management and Grant Services         |  |                              |
| SubTotal:                                             |  | \$12,838.00                  |
| Task 5: Record Drawings                               |  |                              |
| SubTotal:                                             |  | \$5,364.00                   |
| Special Services Lump Sum                             |  | \$37,702.00                  |
| Project Total                                         |  | \$150,640.00                 |





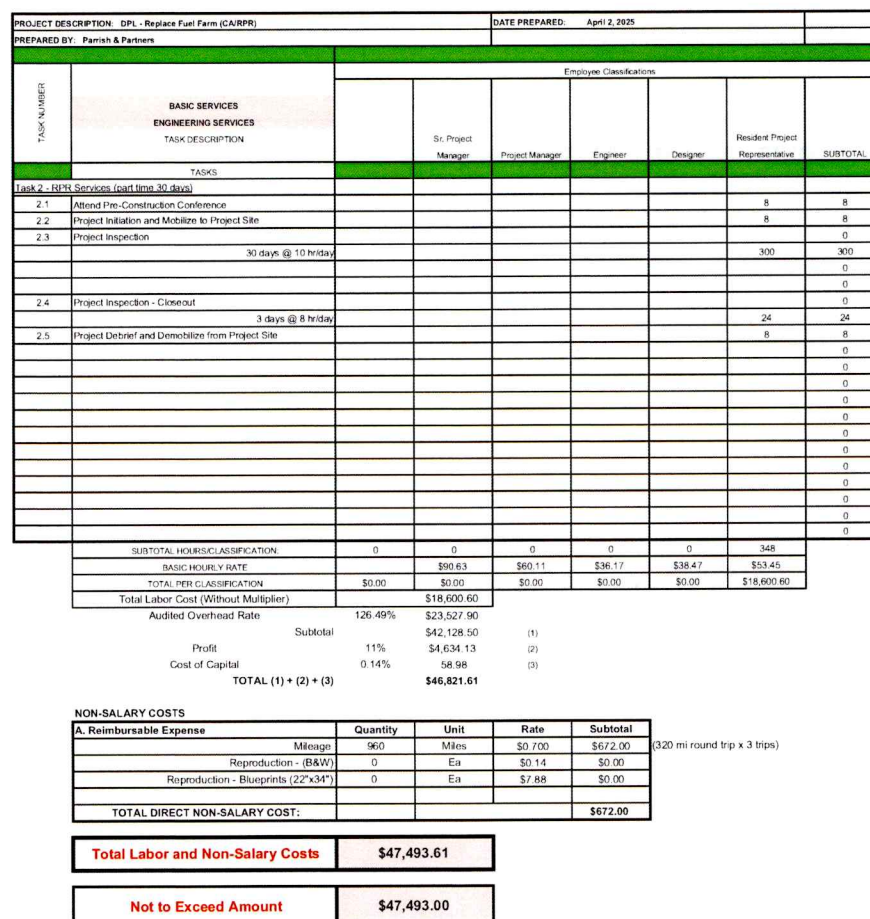
| NON-SALARY COSTS                    |          |       |        |            |
|-------------------------------------|----------|-------|--------|------------|
| A. Reimbursable Expense             | Quantity | Unit  | Rate   | Subtotal   |
| Mileage                             | 5,120    | Miles | \$0.70 | \$3,584.00 |
| Reproduction - (B&W)                | 700      | Ea    | \$0.14 | \$98.00    |
| Reproduction - Blueprints (22"x34") | 40       | Ea    | \$7.88 | \$315.20   |
| TOTAL DIRECT NON-SALARY COST:       |          |       |        | \$3,997.20 |

(320 mi round trip x 16 trips)

|                                         |                    |
|-----------------------------------------|--------------------|
| <b>Total Labor and Non-Salary Costs</b> | <b>\$65,445.24</b> |
|-----------------------------------------|--------------------|

|                 |                    |
|-----------------|--------------------|
| <b>Lump Sum</b> | <b>\$65,445.00</b> |
|-----------------|--------------------|



| NON-SALARY COSTS              |                                     |             |               |         |             |
|-------------------------------|-------------------------------------|-------------|---------------|---------|-------------|
| A. Reimbursable Expense       |                                     | Quantity    | Unit          | Rate    | Subtotal    |
|                               | Mileage                             | 0           | Miles         | \$0.700 | \$0.00      |
|                               |                                     |             |               |         |             |
| B. Subcontracting Expenses    |                                     | Amount      | Contract Type |         | Subtotal    |
|                               | SAME (est)                          | \$5,000.00  | NTE           |         | \$5,000.00  |
|                               | SAME (Soil and Groundwater testing) | \$14,500.00 | LS            |         | \$14,500.00 |
|                               |                                     |             |               |         |             |
|                               |                                     |             |               |         |             |
| TOTAL DIRECT NON-SALARY COST: |                                     |             |               |         | \$19,500.00 |

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QA Testing-Envir

| NON-SALARY COSTS                    |          |               |         |          |
|-------------------------------------|----------|---------------|---------|----------|
| A. Reimbursable Expense             | Quantity | Unit          | Rate    | Subtotal |
| Mileage                             | 0        | Miles         | \$0.700 | \$0.00   |
| Reproduction - (B&W)                | 185      | Ea            | \$0.14  | \$25.90  |
| Reproduction - Blueprints (22"x34") | 0        | Ea            | \$7.88  | \$0.00   |
|                                     |          |               |         |          |
|                                     |          |               |         |          |
| B. Subcontracting Expenses          | Amount   | Contract Type |         | Subtotal |
|                                     |          |               |         |          |
|                                     |          |               |         |          |
|                                     |          |               |         |          |
|                                     |          |               |         |          |
|                                     |          |               |         |          |
| TOTAL DIRECT NON-SALARY COST:       |          |               |         | \$25.90  |

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PM-Grant Services





| NON-SALARY COSTS                     |          |       |         |                 |
|--------------------------------------|----------|-------|---------|-----------------|
| A. Reimbursable Expense              | Quantity | Unit  | Rate    | Subtotal        |
| Mileage                              | 0        | Miles | \$0.700 | \$0.00          |
| Reproduction - (B&W)                 | 0        | Ea    | \$0.14  | \$0.00          |
| Reproduction - Blueprints (22"x34")  | 40       | Ea    | \$7.88  | \$315.20        |
|                                      |          |       |         | \$0.00          |
|                                      |          |       |         |                 |
| <b>TOTAL DIRECT NON-SALARY COST:</b> |          |       |         | <b>\$315.20</b> |

|                                         |                   |
|-----------------------------------------|-------------------|
| <b>Total Labor and Non-Salary Costs</b> | <b>\$5,364.09</b> |
| <b>Lump Sum</b>                         | <b>\$5,364.00</b> |



Parrish and Partners, LLC.  
140 Stoneridge Drive, Suite 500  
Columbia, SC 29210

Reference: **Proposal for Limited Soil and Groundwater Assessment**  
Duplin County Airport- Proposed Fuel Farm  
260 Airport Road  
Kenansville, Duplin County, North Carolina 28461  
S&ME Proposal No. 25060063

S&ME, Inc. (S&ME) appreciates the opportunity to provide environmental services to Parrish and Partners for a limited soil and groundwater assessment at Duplin County Airport for the new Fuel Farm in Kenansville, North Carolina. This proposal describes our understanding of the project, discusses the intended scope of services, outlines the project schedule and presents the associated compensation for our services. Our services will be performed under the terms and conditions contained in the standard S&ME Agreement for Services (S&ME Form AS-071), which is incorporated as part of the proposal.

Duplin County Airport is located at 260 Airport Road in Kenansville, Duplin County, North Carolina. S&ME performed a Phase I Environmental Site Assessment (Phase I ESA) in May and June of 2023 in the location of a new fuel farm proposed by Parrish and Partners. A portion of the new fuel farm is currently being utilized as the Airport's existing fuel farm. The existing fuel farm contains three aboveground storage tanks (ASTs): one 12,000-gallon Aviation Gasoline AST and two 12,000-gallon Jet A Fuel AST. S&ME identified the following recognized environmental conditions at the location of the proposed fuel farm:

1. Stain gravel observed below Drum #1 located in the existing fuel farm **is considered a REC**. Based on an interview with an employee at the airport, this drum contains a mixture of water and Aviation Gasoline. Duplin County Airport personnel samples the fuel from AST #1 for condensation, and then places the sample liquid into Drum #1. The fuel from the sample is pumped back into the AST, but the water that has settled at the bottom of the drum is released to the ground surface, and potentially contaminates soil with petroleum impacted water.
2. Stain gravel observed below Drum #2 located in the existing fuel farm **is considered a REC**. Based on an interview with an employee at the airport, this drum contains a mixture of water and Jet A Fuel. Onsite





personnel samples the fuel from AST #2 for condensation, and when finished places the sampled liquid into Drum #2. The fuel from the sample is pumped back into the AST, but the water that has settled at the bottom of the drum is released to the ground surface, and potentially contaminates soil with petroleum impacted water.

3. The use of the subject property for approximately 17 years as a fuel farm **is considered a REC**. Fuel farm facilities are susceptible to period, small scale releases from petroleum storage equipment, dispensers, or during transfer operations. A release could potentially contaminate soil and groundwater on the subject property.

Parrish and Partners has asked S&ME to perform a limited soil and groundwater assessment in the location of the proposed new fuel farm to assess whether contaminated soil and groundwater would be encountered during the construction of the new fuel farm facility. Based on the information that Parrish and Partners provided in an email from Laura Stevens to Mr. Benjamin Best with S&ME on March 31, 2025. The following ground disturbances will be performed:

- The fuel farm pad/containment area will tie to the existing apron elevation and slope back away from the apron (west). At the back of the pad there will be approximately 2' to 3' of cut. There will be a small containment wall/curb in this area. Then from the top of the containment wall/curb the project will be graded west, to tie into existing ground near the vault.
- A ditch is proposed on the westside of the wall to minimize flow to the back of the fuel farm. The deepest point of the ditch has about 3-4' of cut into existing grade.
- A 15" RCP will connect to the inlet at the low point in the ditch on the back side (west) of the fuel farm and run to an existing structure (southwest part of site). At its deepest point the RCP installation will require approximately 7' of cut from the existing grade (then backfilled up to proposed grade).
- The fuel farm pad will have approximately 14" of pavement structure but the foundation for the fuel tanks (directly under the fuel tanks) will be designed by the manufacturer and could potentially be different.

Ms. Stevens also provided the *Grading and Drainage Plan*, prepared by Parrish and Partners dated March 2025 for the Fuel Farm Project.

In addition, S&ME performed a Geotechnical Exploration in May and June of 2023. The S&ME Geotechnical Exploration Report dated June 23, 2023 documented subsurface water was encountered during CPT sounding between 4.0 and 7.3 feet.

♦ **Scope of Services**

S&ME proposes to complete the following scope of services:



**Task I – Field Services**

*Soil Sampling*

S&ME will install two soil borings inside the existing fuel farm at the location of the two drums, where stained gravel was observed during the 2023 Phase I ESA. S&ME will advance a decontaminated stainless-steel hand auger down to 3 feet below ground surface (ft-bgs) (the approximated deepest depth of cut for grading) or until groundwater is encountered. If S&ME cannot hand auger through the gravel, S&ME will collect a soil sample at the ground surface.

S&ME will also contract with a licensed North Carolina drilling contractor to install three additional soil boring outside the existing fuel farm down to 7 ft-bgs (Approximated deepest cut for grade) or until groundwater is encountered. S&ME will install a total of five soil borings. The approximate locations of the five soil borings are presented in the attached **Figure 1**.

S&ME will classify and screen the soils with a photo-ionization detector (PID) to measure relative headspace concentrations of Volatile Organic Compounds (VOCs). One soil sample will be collected from each soil boring based on field observations and proposed depths of cut and will be sent for laboratory analysis. The soil samples will be analyzed by EPA Method 8015 for Total Petroleum Hydrocarbons (TPH) Gasoline Range Organics (GRO) and TPH Diesel Range Organics (DRO).

*Temporary Monitoring Well Installation*

S&ME will contract with a licensed North Carolina drilling contractor to install three temporary groundwater monitoring wells in selected locations of the proposed fuel farms. The proposed temporary groundwater monitoring well locations are presented in the attached **Figure 1**.

The temporary monitoring wells will be installed to an approximate depth of 15 ft-bgs. The well will consist of 15 feet of 1-inch diameter PVC slotted (0.010-inch) screen to the surface. The temporary monitoring wells will be completed by placing No.2 filter sand into the annular space of the boring up to the ground surface.

S&ME personnel will classify and document the soil conditions, including lithology, moisture, and odors encountered. Following the installation of the monitoring wells, a submersible pump will be used to develop the wells until the purge water is free of visible fines.

*Monitoring Well Sampling*

After installation of the temporary monitoring wells, S&ME will collect one groundwater sample from each of the temporary monitoring wells. Prior to sampling, the depth to groundwater will be measured in the well from the top of the well casing using an electronic interface probe with a measurement resolution of 1/100 of a foot. S&ME will then purge the well using a peristaltic pump. During the purging, S&ME will measure the following field parameters: pH, specific conductance, and temperature. After the field parameters have stabilized, a groundwater sample will be collected directly into laboratory-prepared containers. The sample containers will be labeled and placed into an insulated cooler for shipment, and transported under standard chain-of-custody procedures, to a North Carolina-certified laboratory for analysis.



The groundwater samples collected from the temporary monitoring wells will be analyzed by for volatile organic compounds (VOCs) by EPA Method 6200B and semi volatile organic compounds (SVOCs) by EPA Method 625.

Following the collection of the three groundwater samples, the temporary groundwater monitoring wells will be removed, and the soil borings will be filled with bentonite to the soil surface.

Task 2 – Reporting

S&ME will provide a limited soil and groundwater sampling data report including S&ME's method of sampling, a summary of the laboratory data, conclusions, and recommendations. Attachments will include tables summarizing soil and groundwater data, soil boring logs, monitoring well construction logs, and photographs of the field services performed.

Schedule

| TASK       | DATE                                |
|------------|-------------------------------------|
| Field Work | Three weeks following authorization |
| Reporting  | Five weeks following authorization  |

Fee

S&ME will perform the proposed limited soil and groundwater assessment and reporting services described above on a lump sum fee basis. The project budget is presented below:

| TASK                                                  | FEE       |
|-------------------------------------------------------|-----------|
| Limited Soil and Groundwater Assessment and Reporting | \$ 14,500 |

Authorization

Our Agreement for Services, Form Number AS-071, is attached and is incorporated as a part of this proposal. Please indicate your acceptance of our proposal by signing the form and returning it to our office. Any changes or modifications to AS-071 or the proposal are required to be acknowledged by both parties initialing acceptance of this proposal and agreement for services next to the change or modification. We will then proceed with the performance of the services. If you elect to accept our proposal by issuing a purchase order, then please reference this proposal number and date. Your purchase order will be an acceptance of our Agreement of Services and an authorization to proceed with the performance of our services. The terms and conditions included in any purchase order shall not apply, as our agreement is for services that are not compatible with purchase order agreements.

If this proposal is transmitted to you via email, and if you choose to accept this proposal by email, your reply email acceptance will serve as your representation to S&ME that you have reviewed the proposal and the associated Agreement for Services (AS-071) and hereby accept both as written.



Use of Proposal/Report

This proposal is solely intended for the Basic Services as described in the Scope of Services. The Scope of Services may not be modified or amended, unless the changes are first agreed to in writing by the client and S&ME. Use of this proposal and corresponding final report is limited to above-referenced project and client. No other use is authorized by S&ME.

Closing

S&ME appreciates the opportunity to be of continued service to Parrish and Partners. If you have any questions regarding the outlined scope of work, or if we may be of any further assistance, please call.

Sincerely,  
S&ME, Inc.

  
Benjamin Best  
Associate Project Manager  
[bbest@smeinc.com](mailto:bbest@smeinc.com)

  
Wayne H. Watterson, P.E.  
Principal Engineer  
[wwatterson@smeinc.com](mailto:wwatterson@smeinc.com)

Attachments:  
Proposed Soil Boring and Temporary Monitoring Well Locations Figure  
Client Provided documents- Fuel Farm Grading and Drainage Plans Prepared by Parrish and Partners  
S&ME Agreement for Services Form AS-071



AGENDA

000037

Senior Services  
Post Office Box 928 – 156 Duplin Commons Drive - Kenansville, N.C. 28349  
Telephone 910-296-2140 – Fax 910-296-2142

November 19, 2025

Ms. Lisa Hughes, Interim County Manager  
P. O. Box 910  
Kenansville, N.C. 28349

Re: Reappointment of Mr. Darrell Grubbs

Dear Ms. Hughes,

In accordance with the Older Americans Act, Eastern Carolina Council Area Agency on Aging is mandated to establish an advisory council to carry out advisory functions that support the mission of developing and coordinating community-based services for all older adults in Region P.

This committee is also referred to as the Regional Aging Advisory Committee (RAAC) and consists of three representatives from each county. Mr. Darrell Grubbs' current term expired in October 31<sup>st</sup>, 2025. He has continued to serve and has agreed to serve an additional three-year term. It is my recommendation to reappoint Mr. Grubbs for a term beginning November 1, 2025 – November 30, 2028.

Upon approval by the Duplin County Board of Commissioners, please send confirmation to Mr. David Rosado, and myself to secure as official records of reappointment.

Sincerely,

Melisa S. Brown, Director  
Duplin County Senior Services

<https://www.facebook.com/DuplinAging> <https://www.duplinnc.gov/208/Senior-Services>

AGENDA

489

STATE OF NORTH CAROLINA  
COUNTY OF DUPLIN

CONTRACT AND AGREEMENT

THIS CONTRACT is made and entered into this the 1<sup>st</sup> day of July 2025, by and between Duplin County Department of Social Services an agency of the County of Duplin, hereinafter "Department", and Children's Home Society of North Carolina, Inc., a North Carolina corporation doing business within the State of North Carolina, hereinafter the "Contractor" (referred to collectively as the "Parties"). The Contractor's federal tax identification number or Social Security Number is 56-0529946.

WITNESSETH

WHEREAS, the Department desires to contract with Contractor to obtain foster care services for the foster children of Duplin County DSS, and

WHEREAS, Contractor desires to contract with the Department to provide foster care for foster children of Duplin County DSS.

NOW, THEREFORE TO THAT END and in consideration of the mutual covenants and agreements contained hereinafter, the parties agree as follows:

- Term of Contract.** The term of this Contract shall begin on July 01, 2025 and end June 30, 2026. Either party, without penalty, may terminate this Contract at any time provided that written notice of such termination is furnished to the other party at least thirty (30) days prior to termination.
- Payment.** The Department shall pay Contractor for services rendered pursuant to this Contract and additional Contract Documents as described in the Scope of Work, attached hereto as Attachment B.
- Independent Contractor.** Contractor is acting as an independent contractor and shall be solely responsible for payment of all required State and Federal taxes and for maintaining all required licenses to provide the contracted services. Contractor acknowledges that she is an independent contractor and is not covered by the County's workers compensation or general liability insurance.
- Contract Documents.** This Contract consists of the following documents:
  - Contract
  - General Terms and Conditions ("Attachment A")
  - Scope of Work, Description of Services and Rate ("Attachment B")
  - Combined Federal Certifications ("Attachment C") Regarding Nondiscrimination, Drug-Free Workplace Requirements, Environmental Tobacco Smoke, and Lobbying



- e. Conflict of Interest ("Attachment D")
- f. No Overdue Taxes ("Attachment E")
- g. Safeguarding Contract Language ("Attachment F")\*\*
- h. HIPAA Assessment Form ("Attachment I")
- i. Certification Regarding Transportation ("Attachment J")
- j. Non Profit Entities ("Attachment K")
- i. Contract Determination Questionnaire ("Attachment L")
- j. State Certification ("Attachment M")
- k. Non-Discrimination, Clean Air, Clean Water ("Attachment N")
- l. Civil Rights Assurance ("DSS-1464A")

\*\* Please note that there are no Attachments G or H to this Contract and that it is specifically excluded from this Contract\*\*

**These documents constitute the entire Contract between the Parties and supersede any and all prior oral or written statements or agreements.**

5. **Precedence among Contract Documents:** In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 4, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.

6. **Contractor's Duties.** The Contractor shall provide the services in accordance with the approved rate as described in Attachment B.

7. **Department's Duties.** The Department shall pay the Contractor in the manner and in the amounts specified in the Contract Documents. The total amount paid by the Department to the Contractor under this contract shall not exceed \$ 60,000.00 of other Funds. This amount consists of \$ \_\_\_\_\_ in Federal funds (CFDA# \_\_\_\_\_), \$ 39,600.00 in State funds, \$ 20,400.00 in County funds, \$ \_\_\_\_\_ (source of other funds if applicable).

- ☒ a. There are no matching requirements from the Contractor.  
☐ b. The Contractor's matching requirement is \$ \_\_\_\_\_, which shall consist of:  
     ☐ In-Kind                      ☐ Cash  
     ☐ Cash and In-Kind              ☐ Cash and/or In-Kind

**The contributions from the Contractor shall be sourced from non-federal funds. The total contract amount including any Contractor match shall not exceed \$ 60,000.00.**

8. **Payment Provisions:** Payment shall be made in accordance with the Contract Documents as described in the Scope of Work, Attachment B.

9. **Hold Harmless and Indemnity.** Contractor shall indemnify and hold harmless Duplin County, Duplin County Social Services Board, Duplin County Board of Commissioners, Department, its agents and employees, against any loss and all claims, demands, causes of actions, or other liability, including attorneys fees, on account of contract or personal injuries or death or on account of property damages arising out of or relating to the work to be performed by Contractor hereunder, resulting from the negligence of or the willful act or omission of Contractor.

10. **Subcontracts.** Contractor shall utilize no subcontractors for carrying out the services to be performed under this Contract.

11. **Reporting Requirements.** The Contractor shall comply with audit requirement as described in N.C. Gen. Stat. §143-6.1 and OMB Circular A-133.

12. **Binding Effect.** This contract shall be binding upon the parties hereto, and their heirs, successors, executors, administrators and assigns.

13. **Further Actions.** The parties will make and execute all further instruments and documents required to carry out the purposes and intent of this contract.

14. **Governing Law.** All of the terms and conditions contained herein shall be interpreted in accordance with the laws of the State of North Carolina.

15. **Assignability.** It is mutually agreed by the parties hereto that this Contract is not transferable and shall not be assigned by either party without the written consent of the other party to this contract.

16. **Entire Contract.** This Contract constitutes the entire understanding between the parties and supersedes all prior and independent agreements between the parties covering the subject matter hereof. Any change or modification of this Contract must be in writing signed by both parties.

17. **Notice & Contract Administrators.** Any notice required or permitted to be given by one Party to the other and all questions about the Contract from one Party to the other shall be addressed and delivered to the other Party's Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties' respective initial Contract Administrators are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Contract Administrator by giving timely written notice to the other Party.

## FOR THE DEPARTMENT OF SOCIAL SERVICES

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| <u>Mailing Address:</u>           | <u>Physical Address:</u>          |
| Attn: Annie Murrell, Director     | Attn: Annie Murrell, Director     |
| Duplin Co Dept of Social Services | Duplin Co Dept of Social Services |
| PO Box 969                        | 423 N Main St                     |
| Kenansville, NC 28349             | Kenansville, NC 28349             |
| Telephone (910) 296-2200          |                                   |
| Facsimile (910) 296-2323          |                                   |

## FOR THE CONTRACTOR

|                                              |                          |
|----------------------------------------------|--------------------------|
| <u>Mailing Address:</u>                      | <u>Physical Address:</u> |
| Children's Home Society                      | Children's Home Society  |
| Of North Carolina, Inc.                      | Of North Carolina, Inc.  |
| Attn: Rebecca Starnes, Chief Program Officer |                          |
| P.O. Box 14608                               | 604 Meadow Street        |
| Greensboro, NC 27415                         | Greensboro, NC 27405     |
| Telephone (336) 274-1538                     |                          |
| Facsimile (336) 274-7347                     |                          |

18. Invalid Provision. In the event that any portion of this Contract shall be determined to be invalid or unenforceable, the remainder of this Contract shall be deemed to continue to be binding upon the parties hereto in the same manner as if the invalid or unenforceable provision were not a part of this Contract.

19. Signature Warranty. The undersigned represent and warrant that they are authorized to bind their principals to the terms of this Contract. The Contractor and County have executed this Contract in duplicate originals, with one original being retained by each party.

20. Supplementation of Expenditure of Public Funds. The Contractor assures that funds received pursuant to this contract shall be used only to supplement, not to supplant, the total amount of federal, state and local funds that the Contractor otherwise expends for contract services and related programs. Funds received under this contract shall be used to provide additional public funds for such services; the funds shall not be used to reduce the Contractor's total expenditure of other public funds for such services.

21. Disbursements. As a condition of this contract, the Contractor acknowledges and agrees to make disbursements in accordance with the following requirements:

- (a) Implement adequate internal controls over disbursements;
- (b) Pre-audit all vouchers presented for payment to determine:
  - Validity and accuracy of payment
  - Payment due date

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- Adequacy of documentation supporting payment
- Legality of disbursement
- (c) Assure adequate control of signature stamps/plates;
- (d) Assure adequate control of negotiable instruments; and
- (e) Implement procedures to insure that account balance is solvent and reconcile the account monthly.

22. Outsourcing to Other Countries. The Contractor certifies that it has identified to the County all jobs related to the contract that have been outsourced to other countries, if any. The Contractor further agrees that it will not outsource any such jobs during the term of this contract without providing notice to the County.

23. Federal Certifications. Individuals and organizations receiving federal funds must ensure compliance with certain certifications required by federal laws and regulations. The Contractor is hereby complying with Certifications regarding Nondiscrimination, Drug-Free Workplace Requirements, Environmental Tobacco Smoke, Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions, and Lobbying. These assurances and certifications are to be signed by the Contractor's authorized representative.

24. E-Verify. To ensure compliance with the E-Verify requirements of the General Statutes of North Carolina, all contractors, including any subcontractors employed by Contractor submitting a bid, proposal or any other response, or by providing any material, equipment, supplies, services, etc., attest and affirm that they are aware and in full compliance with N.C.G.S. Chapter 64, Article 2 (N.C.G.S. 64-26(a)) relating to the E-Verify requirements.

25. Iran divestment Certification. By signing this agreement, Contractor certifies that as of the date of execution of this Agreement 1) it does not appear on the Final Divestment List created by the North Carolina State Treasurer pursuant to N.C.G.S. 147-86.58 and published on the State Treasurer's website at [www.nctreasurer.com/iran](http://www.nctreasurer.com/iran) and 2) it will not utilize any subcontractor that appears on the Final divestment List in the performance of duties under this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused the execution of the foregoing instrument, by authority duly given and in duplicate originals, all on the day and year first written.

\_\_\_\_\_  
Annie Murrell, Director  
\_\_\_\_\_  
Rebecca Starnes, Chief Program Officer

\_\_\_\_\_  
Date  
8/13/2025  
Date

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

\_\_\_\_\_  
Signature of Finance Officer

\_\_\_\_\_  
Date

5440 43972  
Code



Attachment A  
GENERAL TERMS AND CONDITIONS

Relationships of the Parties

**Independent Contractor:** The Contractor is and shall be deemed to be an independent contractor in the performance of this contract and as such shall be wholly responsible for the work to be performed and for the supervision of its employees. The Contractor represents that it has, or shall secure at its own expense, all personnel required in performing the services under this agreement. Such employees shall not be employees of, or have any individual contractual relationship with, the County.

**Subcontracting:** The Contractor shall not subcontract any of the work contemplated under this contract without prior written approval from the County. Any approved subcontract shall be subject to all conditions of this contract. Only the subcontractors specified in the contract documents are to be considered approved upon award of the contract. The County shall not be obligated to pay for any work performed by any unapproved subcontractor. The Contractor shall be responsible for the performance of all of its subcontractors.

**Assignment:** No assignment of the Contractor's obligations or the Contractor's right to receive payment hereunder shall be permitted. However, upon written request approved by the issuing purchasing authority, the County may: (a) Forward the Contractor's payment check directly to any person or entity designated by the Contractor, or (b) Include any person or entity designated by Contractor as a joint payee on the Contractor's payment check. In no event shall such approval and action obligate the County to anyone other than the Contractor and the Contractor shall remain responsible for fulfillment of all contract obligations.

**Beneficiaries:** Except as herein specifically provided otherwise, this contract shall inure to the benefit of and be binding upon the parties hereto and their respective successors. It is expressly understood and agreed that the enforcement of the terms and conditions of this contract, and all rights of action relating to such enforcement, shall be strictly reserved to the County and the named Contractor. Nothing contained in this document shall give or allow any claim or right of action whatsoever by any other third person. It is the express intention of the County and Contractor that any such person or entity, other than the County or the Contractor, receiving services or benefits under this contract shall be deemed an incidental beneficiary only.

to be modification of the terms of this contract unless stated to be such in writing, signed by an authorized representative of the County and the Contractor and attached to the contract.

**Availability of Funds:** The parties to this contract agree and understand that the payment of the sums specified in this contract is dependent and contingent upon and subject to the appropriation, allocation, and availability of funds for this purpose to the County.

**Force Majeure:** Neither party shall be deemed to be in default of its obligations hereunder if and so long as it is prevented from performing such obligations by any act of war, hostile foreign action, nuclear explosion, riot, strikes, civil insurrection, earthquake, hurricane, tornado, or other catastrophic natural event or act of God.

**Survival of Promises:** All promises, requirements, terms, conditions, provisions, representations, guarantees, and warranties contained herein shall survive the contract expiration or termination date unless specifically provided otherwise herein, or unless superseded by applicable Federal or State statutes of limitation.

Intellectual Property Rights

**Copyrights and Ownership of Deliverables:** All deliverable items produced pursuant to this contract are the exclusive property of the County. The Contractor shall not assert a claim of copyright or other property interest in such deliverables.

Compliance with Applicable Laws

**Compliance with Laws:** The Contractor shall comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of its business, including those of federal, state, and local agencies having jurisdiction and/or authority.

**Equal Employment Opportunity:** The Contractor shall comply with all federal and State laws relating to equal employment opportunity.

**Health Insurance Portability and Accountability Act (HIPAA):** The Contractor agrees that, if the County determines that some or all of the activities within the scope of this contract are subject to the Health Insurance

Indemnity and Insurance

**Indemnification:** The Contractor agrees to indemnify and hold harmless the County, the State of North Carolina, and any of their officers, agents and employees, and Federal Government from any claims of third parties arising out of any act or omission of the Contractor in connection with the performance of this contract to the extent permitted by law.

Default and Termination

**Termination Without Cause:** The County may terminate this contract without cause by giving 30 days written notice to the Contractor.

**Termination for Cause:** If, through any cause, the Contractor shall fail to fulfill its obligations under this contract in a timely and proper manner, the County shall have the right to terminate this contract by giving written notice to the Contractor and specifying the effective date thereof. In that event, all finished or unfinished deliverable items prepared by the Contractor under this contract shall, at the option of the County, become its property and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such materials, minus any payment or compensation previously made. Notwithstanding the foregoing provision, the Contractor shall not be relieved of liability to the County for damages sustained by the County by virtue of the Contractor's breach of this agreement, and the County may withhold any payment due the Contractor for the purpose of setoff until such time as the exact amount of damages due the County from such breach can be determined. In case of default by the Contractor, without limiting any other remedies for breach available to it, the County may procure the contract services from other sources and hold the Contractor responsible for any excess cost occasioned thereby. The filing of a petition for bankruptcy by the Contractor shall be an act of default under this contract.

**Waiver of Default:** Waiver by the County of any default or breach in compliance with the terms of this contract by the Contractor shall not be deemed a waiver of any subsequent default or breach and shall not be construed

Portability and Accountability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, it will comply with the HIPAA requirements and will execute such agreements and practices as the County may require to ensure compliance.

Confidentiality

**Confidentiality:** Any information, data, instruments, documents, studies or reports given to or prepared or assembled by the Contractor under this agreement shall be kept as confidential and not divulged or made available to any individual or organization without the prior written approval of the County. The Contractor acknowledges that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided in this contract.

**Data Security:** The Contractor shall adopt and apply data security standards and procedures that comply with all applicable federal, state, and local laws, regulations, and rules.

**Duty to Report:** The Contractor shall report a suspected or confirmed security breach to the County's Contract Administrator within twenty-four (24) hours after the breach is first discovered, provided that the Contractor shall report a breach involving Social Security Administration data or Internal Revenue Service data within one (1) hour after the breach is first discovered. During the performance of this contract, the contractor is to notify the County contract administrator of any contact by the federal Office for Civil Rights (OCR) received by the contractor.

**Cost Borne by Contractor:** If any applicable federal, state, or local law, regulation, or rule requires the County or the Contractor to give affected persons written notice of a security breach arising out of the Contractor's performance under this contract, the Contractor shall bear the cost of the notice.

Oversight

**Access to Persons and Records:** The State Auditor shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions in accordance with General Statute 147-64.7. Additionally, as the State funding authority, the Department of Health and Human Services shall have access to persons and records as a result of all contracts or grants entered into by State agencies or political subdivisions.

**Record Retention:** Records shall not be destroyed, purged or disposed of without the express written consent of the County. State basic records retention policy requires all grant records to be retained for a minimum of





ATTACHMENT C - FEDERAL CERTIFICATIONS

The undersigned states that:

- 1. He or she is the duly authorized representative of the Contractor named below;
- 2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
  - a. The Certification Regarding Nondiscrimination;
  - b. The Certification Regarding Drug-Free Workplace Requirements;
  - c. The Certification Regarding Environmental Tobacco Smoke;
  - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
  - e. The Certification Regarding Lobbying;
- 3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
- 4. [Check the applicable statement]
  - [ ] He or she has completed the attached Disclosure Of Lobbying Activities because the Contractor has made, or has an agreement to make, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;
  - OR
  - [x] He or she has not completed the attached Disclosure Of Lobbying Activities because the Contractor has not made, and has no agreement to make, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
- 5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature Rebecca Starnes Chief Program Officer  
Title  
Children's Home of Society of North Carolina, 8/13/25  
Date

[This Certification Must be Signed by the Same Individual Who Signed the Proposal Execution Page]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse;

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(f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

- 1. The Contractor certifies that it will provide a drug-free workplace by:
  - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - b. Establishing a drug-free awareness program to inform employees about:
    - i. The dangers of drug abuse in the workplace;
    - ii. The Contractor's policy of maintaining a drug-free workplace;
    - iii. Any available drug counseling, rehabilitation, and employee assistance programs; and
    - iv. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - i. Abide by the terms of the statement; and
    - ii. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - e. Notifying the Department within ten days after receiving notice under subparagraph (d)(ii) from an employee or otherwise receiving actual notice of such conviction;
  - f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(ii), with respect to any employee who is so convicted:
    - i. Taking appropriate personnel action against such an employee, up to and including termination; or
    - ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
  - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
- 2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):

Address  
1) Appropriate Foster Homes, North Carolina  
2) Any other appropriate school or facility determined by the Duplin County DSS.

- 3. Contractor will inform the Department of any additional sites for performance of work under this agreement.

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4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

- By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
- The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originates may pursue available remedies, including suspension and/or debarment.
- The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
- The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
- The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

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- Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

- The prospective lower tier participant certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

- No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
- This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

VI. Disclosure Of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

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Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

- 1. Identify the status of the covered Federal action.
- 2. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 3. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 4. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
- 5. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 6. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- 7. Enter the most appropriate Federal identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
- 8. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
- 9. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
- 10. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
- 11. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
- 12. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
- 13. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
- 14. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
- 15. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

Disclosure Of Lobbying Activities  
(Approved by OMB 0344-0046)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

|                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Type of Federal Action:<br><input type="checkbox"/> a. contract<br><input type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance |  | 2. Status of Federal Action:<br><input type="checkbox"/> a. Bid/offer/application<br><input type="checkbox"/> b. Initial Award<br><input type="checkbox"/> c. Post-Award |                                                                                                                                                                                                                                                                                                                      | 3. Report Type:<br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><br>For Material Change Only:<br>Year _____ Quarter _____<br>Date Of Last Report: _____ |  |
| 4. Name and Address of Reporting Entity:<br><input type="checkbox"/> Prime<br><input type="checkbox"/> Subawardee Tier (if known) _____<br>Congressional District (if known) _____                                                                                                           |  |                                                                                                                                                                          | 5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:<br><br>Congressional District (if known) _____                                                                                                                                                                                       |                                                                                                                                                                                                         |  |
| 6. Federal Department/Agency:<br><br>                                                                                                                                                                                                                                                        |  |                                                                                                                                                                          | 7. Federal Program Name/Description:<br><br>CFDA Number (if applicable) _____                                                                                                                                                                                                                                        |                                                                                                                                                                                                         |  |
| 8. Federal Action Number (if known) _____                                                                                                                                                                                                                                                    |  |                                                                                                                                                                          | 9. Award Amount (if known) \$ _____                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                         |  |
| 10. a. Name and Address of Lobbying Entity<br>(if individual, last name, first name, MI):<br><br>(attach Continuation Sheet(s) SF-LLL-A, if necessary)                                                                                                                                       |  |                                                                                                                                                                          | b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI):<br><br>(attach Continuation Sheet(s) SF-LLL-A, if necessary)                                                                                                                                          |                                                                                                                                                                                                         |  |
| 11. Amount of Payment (check all that apply):<br>\$ _____ € actual € planned                                                                                                                                                                                                                 |  |                                                                                                                                                                          | 13. Type of Payment (check all that apply):<br><input type="checkbox"/> a. retainer<br><input type="checkbox"/> b. one-time fee<br><input type="checkbox"/> c. commission<br><input type="checkbox"/> d. contingent fee<br><input type="checkbox"/> e. deferred<br><input type="checkbox"/> f. other, specify: _____ |                                                                                                                                                                                                         |  |
| 12. Form of Payment (check all that apply):<br><input type="checkbox"/> a. cash<br><input type="checkbox"/> b. in-kind; specify: Nature _____ Value _____                                                                                                                                    |  |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                         |  |
| 14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11(attach Continuation Sheet(s) SF-LLL-A, if necessary):<br><br>                                            |  |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                         |  |
| 15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                        |  |                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                         |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: _____                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Print Name: _____                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Title: _____                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Telephone No: _____ Date: _____                          |
| Federal Use Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Authorized for Local Reproduction<br>Standard Form - LLL |

ATTACHMENT D  
Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal

Children's Home Society Contract  
Fiscal Year 2025-2026  
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PO Box 14606, Greensboro, NC 27415-4606  
604 Meadow Street, Greensboro, NC 27405  
336.274.1538 • 800.632.1400  
CHSNC.ORG

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of North Carolina  
County: Hoke

I, Makeesha Sansbury, Notary Public for said County and State, certify that Rebecca Starnes personally appeared before me this day and acknowledged that he/she is Chief Program Officer of Children's Home Society of NC, Inc and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the 14th day of February, 2025

Sworn to and subscribed before me this 13th day of August, 2025.

(Official Seal)



Makeesha Sansbury  
Notary Public

My Commission expires March

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

Children's Home Society of NC, Inc.  
Name of Organization

Rebecca Starnes  
Signature of Organization Official



days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

- 1. The Board member or other governing person, officer, employee, or agent;
- 2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
- 3. An organization in which any of the above is an officer, director, or employee;
- 4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. **Violations of the Conflicts of Interest Policy** -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. **Record of Conflict** -- The minutes of the governing board and all committees with board delegated powers shall contain:

- 1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- 2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Children's Home Society of North Carolina, Inc.  
Name of Organization

\_\_\_\_\_  
Signature of Organization Official

\_\_\_\_\_  
Date

Children's Home Society Contract  
Fiscal Year 2025-2026  
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Docusign Envelope ID: 7C9B7BA1-3A25-416A-A97B-A0D7F4806100



PO Box 14608, Greensboro, NC 27415-4608  
604 Meadow Street, Greensboro, NC 27405  
336.274.1538 • 1.800.632.1400  
CHSNC.ORG

**State Grant Certification – No Overdue Tax Debts**  
8/13/2025

To: Duplin County Department of Social Services

**Certification:**

We certify that the Children's Home Society of NC, Inc. does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S.) 143C-10-1b.

**Sworn Statement:**

Tucker Andrews and Rebecca Starnes being duly sworn, say that we are the Board Chair and Chief Program Officer, respectively, of Children's Home Society of NC, Inc. of Greensboro in the State of NC; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

\_\_\_\_\_  
Rebecca Starnes  
Chief Program Officer



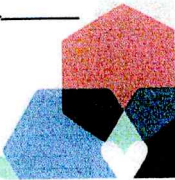
and subscribed before me on the day of the date of said certification.

\_\_\_\_\_  
Lakesha Sansbury  
Notary Public (Notary Signature and Seal)

My Commission Expires: 3/27/2026

If you have any questions, please contact the state agency that provided your grant. If needed, you may contact the North Carolina Office of State Budget and Management: NCGrants@osbm.nc.gov (919)807-4795

<sup>1</sup> G.S. 105-243.1 defines: Overdue tax debt. -- Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."



State of North Carolina

County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for said County and State, certify that  
**Rebecca Starnes** personally appeared before me this day and acknowledged that she is the **Chief Program Officer of Programs of Children's Home Society of North Carolina, Inc.**, and by that authority duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

(Official Seal)

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_, 20 \_\_\_\_

**Attachment E – No Overdue Tax Debts**

**Children's Home Society of North Carolina, Inc.**

To: Duplin County Department of Social Services

**Certification:**

We certify that **Children's Home Society of North Carolina, Inc.** does not have any overdue tax debts, as defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S.) 143C-10-1b.

**Sworn Statement:**

**Rebecca Starnes**, being duly sworn, says that he is the Vice President of **Children's Home Society of North Carolina, Inc.**, in the State of North Carolina; and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

\_\_\_\_\_  
Signature

Sworn to and subscribed before me on the day of the date of said certification.

\_\_\_\_\_  
(Notary Signature and Seal)

My Commission Expires: \_\_\_\_\_

<sup>1</sup> G.S. 105-243.1 defines: Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."

**ATTACHMENT F  
SAFEGUARDING CONTRACT LANGUAGE**

**CONTRACT LANGUAGE FOR GENERAL SERVICES**

**I. PERFORMANCE**

In performance of this contract, the Contractor agrees to comply with and assume responsibility for compliance by his or her employees with the following requirements:

- (1) All work will be performed under the supervision of the contractor or the contractor's responsible employees.
- (2) Any Federal tax returns or return information (hereafter referred to as returns or return information) made available shall be used only for the purpose of carrying out the provisions of this contract. Information contained in such material shall be treated as confidential and shall not be divulged or made known in any manner to any person except as may be necessary in the performance of this contract. Inspection by or disclosure to anyone other than an officer or employee of the contractor is prohibited.
- (3) All returns and return information will be accounted for upon receipt and properly stored before, during, and after processing. In addition, all related output and products will be given the same level of protection as required for the source material.
- (4) No work involving returns and return information furnished under this contract will be subcontracted without prior written approval of the IRS.
- (5) The contractor will maintain a list of employees authorized access. Such list will be provided to the agency and, upon request, to the IRS reviewing office.
- (6) The agency will have the right to void the contract if the contractor fails to provide the safeguards described above.
- (7) (Include any additional safeguards that may be appropriate.)

**II. CRIMINAL/CIVIL SANCTIONS**

- (1) Each officer or employee of any person to whom returns or return information is or may be disclosed shall be notified in writing by such person that returns or return information disclosed to such officer or employee can be used only for a purpose and to the extent authorized herein, and that further disclosure of any such returns or return information for a purpose or to an extent unauthorized herein constitutes a felony punishable upon conviction by a fine of as much as \$5,000 or imprisonment for as long as five years, or both, together with the costs of prosecution. Such person shall also notify each such officer and employee that any such unauthorized future disclosure of returns or return information may also result in an award of civil damages against the officer or employee in an amount not less than \$1,000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC Sections 7213 and 7431 and set forth at 26 CFR 301.6103(n)-1.

- (2) Each officer or employee of any person to whom returns or return information is or



may be disclosed shall be notified in writing by such person that any return or return information made available in any format shall be used only for the purpose of carrying out the provisions of this contract. Information contained in such material shall be treated as confidential and shall not be divulged or made known in any manner to any person except as may be necessary in the performance of this contract. Inspection by or disclosure to anyone without an official need to know constitutes a criminal misdemeanor punishable upon conviction by a fine of as much as \$1,000.00 or imprisonment for as long as 1 year, or both, together with the costs of prosecution. Such person shall also notify each such officer and employee that any such unauthorized inspection or disclosure of returns or return information may also result in an award of civil damages against the officer or employee [United States for Federal employees] in an amount equal to the sum of the greater of \$1,000.00 for each act of unauthorized inspection or disclosure with respect to which such defendant is found liable or the sum of the actual damages sustained by the plaintiff as a result of such unauthorized inspection or disclosure plus in the case of a willful inspection or disclosure which is the result of gross negligence, punitive damages, plus the costs of the action. The penalties are prescribed by IRC Sections 7213A and 7431.

(3) Additionally, it is incumbent upon the contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a(i)(1), which is made applicable to contractors by 5 U.S.C. 552a(m)(1), provides that any officer or employee of a contractor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

(4) Granting a contractor access to FTI must be preceded by certifying that each individual understands the agency's security policy and procedures for safeguarding IRS information. Contractors must maintain their authorization to access FTI through annual recertification. The initial certification and recertification must be documented and placed in the agency's files for review. As part of the certification and at least annually afterwards, contractors should be advised of the provisions of IRC Sections 7431, 7213, and 7213A (see Exhibit 6, *IRC Sec. 7431 Civil Damages for Unauthorized Disclosure of Returns and Return Information* and Exhibit 5, *IRC Sec. 7213 Unauthorized Disclosure of Information*). The training provided before the initial certification and annually thereafter must also cover the incident response policy and procedure for reporting unauthorized disclosures and data breaches. (See Section 10) For both the initial certification and the annual certification, the contractor should sign, either with ink or electronic signature, a confidentiality statement certifying their understanding of the security requirements.

III. INSPECTION

The IRS and the Agency shall have the right to send its officers and employees into the offices and plants of the contractor for inspection of the facilities and operations provided for the performance of any work under this contract. On the basis of such inspection, specific measures may be required in cases where the contractor is found to be noncompliant with contract safeguards.

CONTRACT LANGUAGE FOR TECHNOLOGY SERVICES

1. PERFORMANCE

In performance of this contract, the contractor agrees to comply with and assume responsibility for compliance by his or her employees with the following requirements:

- (1) All work will be done under the supervision of the contractor or the contractor's employees.
- (2) Any return or return information made available in any format shall be used only for the purpose of carrying out the provisions of this contract. Information contained in such material will be treated as confidential and will not be divulged or made known in any manner to any person except as may be necessary in the performance of this contract. Disclosure to anyone other than an officer or employee of the contractor will be prohibited.
- (3) All returns and return information will be accounted for upon receipt and properly stored before, during, and after processing. In addition, all related output will be given the same level of protection as required for the source material.
- (4) The contractor certifies that the data processed during the performance of this contract will be completely purged from all data storage components of his or her computer facility, and no output will be retained by the contractor at the time the work is completed. If immediate purging of all data storage components is not possible, the contractor certifies that any IRS data remaining in any storage component will be safeguarded to prevent unauthorized disclosures.
- (5) Any spillage or any intermediate hard copy printout that may result during the processing of IRS data will be given to the agency or his or her designee. When this is not possible, the contractor will be responsible for the destruction of the spillage or any intermediate hard copy printouts, and will provide the agency or his or her designee with a statement containing the date of destruction, description of material destroyed, and the method used.
- (6) All computer systems receiving, processing, storing, or transmitting Federal tax information must meet the requirements defined in IRS Publication 1075. To meet functional and assurance requirements, the security features of the environment must provide for the managerial, operational, and technical controls. All security features must be available and activated to protect against unauthorized use of and access to Federal tax information.
- (7) No work involving Federal tax information furnished under this contract will be subcontracted without prior written approval of the IRS.

- (8) The contractor will maintain a list of employees authorized access. Such list will be provided to the agency and, upon request, to the IRS reviewing office.
- (9) The agency will have the right to void the contract if the contractor fails to provide the safeguards described above.
- (10) (Include any additional safeguards that may be appropriate.)

II. CRIMINAL/CIVIL SANCTIONS:

- (1) Each officer or employee of any person to whom returns or return information is or may be disclosed will be notified in writing by such person that returns or return information disclosed to such officer or employee can be used only for a purpose and to the extent authorized herein, and that further disclosure of any such returns or return information for a purpose or to an extent unauthorized herein constitutes a felony punishable upon conviction by a fine of as much as \$5,000 or imprisonment for as long as 5 years, or both, together with the costs of prosecution. Such person shall also notify each such officer and employee that any such unauthorized further disclosure of returns or return information may also result in an award of civil damages against the officer or employee in an amount not less than \$1,000 with respect to each instance of unauthorized disclosure. These penalties are prescribed by IRC sections 7213 and 7431 and set forth at 26 CFR 301.6103(-)1.
- (2) Each officer or employee of any person to whom returns or return information is or may be disclosed shall be notified in writing by such person that any return or return information made available in any format shall be used only for the purpose of carrying out the provisions of this contract. Information contained in such material shall be treated as confidential and shall not be divulged or made known in any manner to any person except as may be necessary in the performance of the contract. Inspection by or disclosure to anyone without an official need to know constitutes a criminal misdemeanor punishable upon conviction by a fine of as much as \$1,000 or imprisonment for as long as 1 year, or both, together with the costs of prosecution. Such person shall also notify each such officer and employee that any such unauthorized inspection or disclosure of returns or return information may also result in an award of civil damages against the officer or employee [United States for Federal employees] in an amount equal to the sum of the greater of \$1,000 for each act of unauthorized inspection or disclosure with respect to which such defendant is found liable or the sum of the actual damages sustained by the plaintiff as a result of such unauthorized inspection or disclosure plus in the case of a willful inspection or disclosure which is the result of gross negligence, punitive damages, plus the costs of the action. These penalties are prescribed by IRC section 7213A and 7431.
- (3) Additionally, it is incumbent upon the contractor to inform its officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a(i)(1), which is made applicable to contractors by 5 U.S.C. 552a(m)(1), provides that any officer or employee of a contractor, who by virtue of his/her employment or official position, has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

- (4) Granting a contractor access to FTI must be preceded by certifying that each individual understands the agency's security policy and procedures for safeguarding IRS information. Contractors must maintain their authorization to access FTI through annual recertification. The initial certification and recertification must be documented and placed in the agency's files for review. As part of the certification and at least annually afterwards, contractors should be advised of the provisions of IRC Sections 7431, 7213, and 7213A (see Exhibit 6, *IRC Sec. 7431 Civil Damages for Unauthorized Disclosure of Returns and Return Information* and Exhibit 5, *IRC Sec. 7213 Unauthorized Disclosure of Information*). The training provided before the initial certification and annually thereafter must also cover the incident response policy and procedure for reporting unauthorized disclosures and data breaches. (See Section 10) For both the initial certification and the annual certification, the contractor should sign, either with ink or electronic signature, a confidentiality statement certifying their understanding of the security requirements.

111. INSPECTION:

The IRS and the Agency shall have the right to send its officers and employees into the offices and plants of the contractor for inspection of the facilities and operations provided for the performance of any work under this contract. On the basis of such inspection, specific measures may be required in cases where the contractor is found to be noncompliant with contract safeguards.



This document will be used to determine if you have a business associate relationship with a contractor. This form should be completed on all contracts that have a HIPPA covered health care component. This would include all health related information.  
Contractor: Children's Home Society Contract No \_\_\_\_\_ Date: \_\_\_\_\_

HIPPA ASSESSMENT FORM - ATTACHMENT I

| Questions                                                                                                                                                                                                               | Notes                                                                                                                                                                                                                                                                                                                                                                                         | Steps                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Has a relationship been initiated Select allows the contractor to perform a function or activity for, or on behalf of, County Department of Social Services HIPPA covered health care component?                     |                                                                                                                                                                                                                                                                                                                                                                                               | YES—Go to Question 2.<br><del>NO</del> —Stop. There is no business associate relationship.                                                          |
| 2. Is the function or service to be Select rendered by the contractor on an activity other than treatment of clients?                                                                                                   | NOTE: The sharing of individually identifiable health information with another treatment contractor for treatment purposes only does not require a business associate agreement. See 45 CFR §164.502(e)(1)(ii)(A).                                                                                                                                                                            | YES—Go to Question 3.<br>NO—Stop. There is no business associate relationship.                                                                      |
| 3. Does the function or service to Select be rendered by the contractor involve the use or disclosure of the County Department of Social Services individually identifiable health information?                         | NOTE: Data that does not contain A County Department of Social Services individually identifiable health information is not covered by HIPPA and thus does not have to be protected through a business associate agreement.                                                                                                                                                                   | YES—Go to Question 4.<br>NO—Stop. There is no business associate relationship.                                                                      |
| 4. Are the services rendered by Select staff from the contractor performed on the premises of the covered health care component, using the component's resources and following the component's policies and procedures? | NOTES: Whenever a service is rendered on the premises of a covered component, utilizing the component's resources and following the component's policies and procedures, the person rendering such services is considered a member of the component's workforce, and is required to comply with the component's privacy policies and procedures. No business associate agreement is required. | NO—Got Question 5.<br>YES—Stop. There is not business associate relationship.                                                                       |
| 5. Is the contractor performing a Select type(s) of function/activity for or on the behalf of the County Department of Social Services HIPPA covered health                                                             | Check appropriate service(s):<br><input type="checkbox"/> Attorney Representing Agency<br><input type="checkbox"/> Benefits Management                                                                                                                                                                                                                                                        | YES—You have identified a business associate relationship. The specified function/activity, which involves the sharing of individually identifiable |

|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| component that is directly related to the covered health component's continued operation?                                                                             | <input type="checkbox"/> Patient Accounts Billing<br><input type="checkbox"/> Claims Processing<br><input type="checkbox"/> Claims Administration<br><input type="checkbox"/> Bill Collections<br><input type="checkbox"/> Professional Services<br><input type="checkbox"/> Special Population Assessments<br><input type="checkbox"/> Data Analysis<br><input type="checkbox"/> Data Processing<br><input type="checkbox"/> Data Administration<br><input type="checkbox"/> CAHO<br><input type="checkbox"/> Council on Accreditation<br><input type="checkbox"/> Re-pricing<br><input type="checkbox"/> Rate Setting<br><input type="checkbox"/> Practice Management<br><input type="checkbox"/> Software Support<br><input type="checkbox"/> Utilization Review<br><input type="checkbox"/> Quality Assurance<br><input type="checkbox"/> Contract Analysis<br><input type="checkbox"/> Central Office Supervision<br><input type="checkbox"/> Security<br><input type="checkbox"/> Dietary<br><input type="checkbox"/> Machine Maintenance<br><input type="checkbox"/> Facility Maintenance<br><input type="checkbox"/> Landscaping<br><input type="checkbox"/> Housekeeping<br><input type="checkbox"/> Hardware Support<br><input type="checkbox"/> Audit/Surveys<br><input type="checkbox"/> Purchasing | health information, is provided by the contractor. This constitutes a business associate relationship as such information must be protected the same as required of the HIPPA covered health care component. There are two types of business associate relationships: External Business Associate relationships: You have identified an External business associate relationship if you are contracting with any entity outside city, county or state government. A Business Associate Addendum must be signed and included with the contract. If you are completing a Memorandum of Agreement (MOA) with a governmental entity the Government Associate Addendum must be utilized.<br>NO—STOP. There is no business associate relationship. |
| ADDITIONAL REQUIREMENTS<br>NOTE: Make sure all county requirements are met for internally notifying the correct parties for External and Internal Business Associates |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Attachment J

CERTIFICATION REGARDING TRANSPORTATION  
DUPLIN COUNTY DEPARTMENT OF SOCIAL SERVICES

By execution of this Agreement the Contractor certifies that it will provide safe transportation by:

- 1. Insuring that all drivers (including employees, contractors, contractor's employees, and volunteers) shall be at least 18 years of age;
- 2. Insuring that all drivers (including employees, contractors, contractor's employees, and volunteers) shall be licensed to operate the specific vehicle used in transporting clients in accordance with Chapter 20-7 of the General Statutes of North Carolina and the Division of Motor Vehicle requirements;
- 3. Insuring that all vehicles transporting clients shall have at least the minimum level of liability insurance appropriate for the type of vehicle as defined by Article 7, Rule R2-36 of the North Carolina Utilities Commission;
- 4. Insuring that the contractor shall have written policies and procedures regarding how drivers handle and report client emergencies and/or vehicle crashes involving clients to contractor and how contractor notifies the Duplin County Department of Social Services;
- 5. Insuring that no more than one quarter of one percent of all trips be missed by the contractor during the course of the contract period; *(Medicaid only)*
- 6. Insuring that no more than five percent (5%) of trips should be late for recipient drop off to their appointment per month; *(Medicaid only)*
- 7. Contractor will maintain records documenting the following *(County may require contractor to provide):*
  - a. Valid current copies of Drivers License for all drivers; CHS Verifies all Driver's license.
  - b. Current valid Vehicle Registration for all vehicles transporting clients;
  - c. Driving records for all drivers for the past three years and with annual updates;
  - d. Criminal Background checks through North Carolina Law Enforcement or NCIC prior to employment and every three years thereafter;
  - e. Alcohol and Drug Testing policy to meet the Federal Transit Authority guidelines.
- 8. Disclosing, at the outset of the contract, upon renewal and upon request, any criminal convictions or other reasons for disqualifications from participation in Medicare, Medicaid or Title XX programs (signature of this form confirms this statement).

  
Rebecca Starnes  
Children's Home Society of North Carolina, Inc.  
Agency/Organization  
Children's Home Society Contract  
Fiscal Year 2025-2026  
Page 26 of 35

Chief Program Officer  
Title  
8/13/25  
Date

ATTACHMENT K

What is a Private Non Profit Agency?

**Answer:** A private non profit is an organization that is incorporated under State law and whose purpose is not to make a profit, but rather to further a charitable, civic, religious, scientific, or other lawful purpose. The Secretary of State's office grants corporate status to organizations in North Carolina.

What is a 501(c)(3) designation?

**Answer:** When the agency becomes a state private non profit corporation, it can then apply for 501(c)(3) designation through the IRS. Once the IRS grants 501(c)(3) status, the organization is exempt from certain taxes and any donations to the charitable organization are tax deductible. Many individuals and organizations prefer to make donations to 501(c)(3) private non profits.

Who can obtain a 501(c)(3) designation?

**Answer:** Any organization or group can apply for 501(c)(3) status, provided their charter or mission focuses on the non profit's objective.

Another option is to apply for a 509(a)(1) status which falls under the 501(c)(3) umbrella. Being a 509(a)(1) designates an organization as a tax-free public charity that receives most of its support from a governmental unit or from the general public. Becoming a 509(a)(1) provides public recognition of tax-exempt status, advance assurance to donors of deductibility of contributions, exemption from certain State and federal taxes, and non profit mailing privileges. Organizations that typically qualify are churches, educational institutions, hospitals, and governmental units.

To learn more about non profits, visit [www.irs.gov](http://www.irs.gov), or call the tax-exempt helpline at 877-829-4933.

How does a Private Non Profit obtain Tax Exempt Status?

A private non profit must apply to the IRS for tax exempt status. To qualify, applicants must complete and submit to the IRS Form 1023. Once federal tax exempt status is granted, the private non profit applies for State tax exempt status by completing Form CD-435 and submitting it to the N. C. Department of Revenue.





CINCINNATI OH 45999-0038

In reply refer to: 0248267584  
 Feb. 01, 2019 LTR 4168C 0  
 56-0529946 000000 00  
 00002977  
 BODC: TE

CHILDRENS HOME SOCIETY OF NORTH  
 CAROLINA INC  
 PO BOX 14608  
 GREENSBORO NC 27415

002230

Employer ID number: 56-0529946  
 Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Jan. 23, 2019, about your tax-exempt status.

We issued you a determination letter in November 1951, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Section 509(a)(2).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific

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CHILDRENS HOME SOCIETY OF NORTH  
 CAROLINA INC  
 PO BOX 14608  
 GREENSBORO NC 27415

time).

Thank you for your cooperation.

Sincerely yours,

Kim A. Billups, Operations Manager  
 Accounts Management Operations 1

ATTACHMENT L

Children's Home Society Contract  
Fiscal Year 2025-2026  
Page 28 of 35

CONTRACT PROVIDER NAME: Children's Home Society of North Carolina, Inc.  
CONTRACT NUMBER: \_\_\_\_\_  
CONTRACT PERIOD: \_\_\_\_\_  
PROVIDER'S FISCAL YEAR: July thru June

CONTRACT DETERMINATION QUESTIONNAIRE  
(PURCHASE OF SERVICE VS. FINANCIAL ASSISTANCE)

Instructions: Enter 5 points for each factor in either the yes or no column. Once the entire list has been completed tally the points in each column. The column with the most points should be a good indicator of the designation of the organization—either Financial Assistance (Grant) or Vendor (Purchase of Service).

| Determination Factors                                                                                                      | 5 points<br>Financial<br>Assistance | 5 points<br>Purchase<br>of Service |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------|
|                                                                                                                            | YES                                 | NO                                 |
| 1 Does the provider determine eligibility?                                                                                 |                                     | 5                                  |
| 2 Does the provider provide administrative functions such as Develop program standards procedures and rules?               |                                     | 5                                  |
| 3 Does the provider provide administrative functions such as Program Planning?                                             |                                     | 5                                  |
| 4 Does the provider provide administrative functions such as Monitoring?                                                   |                                     | 5                                  |
| 5 Does the provider provide administrative functions such as Program Evaluation?                                           |                                     | 5                                  |
| 6 Does the provider provide administrative functions such as Program Compliance?                                           |                                     | 5                                  |
| 7 Is provider performance measured against whether specific objectives are met?                                            | 5                                   |                                    |
| 8 Does the provider have responsibility for programmatic decision making?                                                  |                                     | 5                                  |
| 9 Is the provider objective to carry out a public purpose to support an overall program objective?                         |                                     | 5                                  |
| 10 Does the provider have to submit a cost report to satisfy a cost reimbursement arrangement?                             | 5                                   |                                    |
| 11 Does the provider have any obligation to the funding authority other than the delivery of the specified goods/services? |                                     | 5                                  |
| 12 Does the provider operate in a noncompetitive environment?                                                              |                                     | 5                                  |
| 13 Does the provider provide these or similar goods and/or services only to the funding agency?                            |                                     | 5                                  |
| 14 Does the provider provide these or similar goods and/or services outside normal business operations?                    |                                     | 5                                  |
| TOTAL                                                                                                                      | 10                                  | 60                                 |

Note: The authorized individual(s) must place an X in one of the boxes below to indicate the type of contractual arrangement for this contract, then sign and date where indicated.

☐ FINANCIAL ASSISTANCE

☒ PURCHASE SERVICE

Dana Bonnerville  
Signature of Authorized Programmatic Individual

7/1/2023  
DATE

Dana Bonnerville  
Signature of Authorized Administrative Individual

7/1/2023  
DATE

Revised effective 7-1-2013  
page 1



ATTACHMENT M  
STATE CERTIFICATION  
Contractor Certifications Required by North Carolina Law  
Instructions

The person who signs this document should read the text of the statutes listed below and consult with counsel and other knowledgeable person before signing.

- The text of Article 2 of Chapter 64 of the North Carolina General Statutes can be found online at:  
<http://www.ncga.state.nc.us/gascripts/statutes/Statutes.asp>
- The text of G.S. 105-164.8(b) can be found online at:  
<http://www.ncga.state.nc.us/gascripts/statutes/Statutes.asp>
- The text of G.S. 143.59.1 can be found online at:  
<http://www.ncga.state.nc.us/gascripts/statutes/Statutes.asp>
- The text of G.S. 143-59.2 can be found online at:  
<http://www.ncga.state.nc.us/gascripts/statutes/Statutes.asp>
- The text of G.S. 147-33.95(g)(S.L. 2013-4188, s.2E) can be found online at:  
<http://www.ncga.state.nc.us/gascripts/statutes/Statutes.asp>

Certifications

- (1) Pursuant to G.S. 143-48.5 and G.S. 147-33.95(g), the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system. E Verify System Link: <http://www.uscis.gov/e-verify>
- (2) Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
- (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); and
- (b) [check one of the following boxes]
- ☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; or
- ☐ The Contractor or one of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 but the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (3) Pursuant to G.S. 143-59.2(b), the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (4) The undersigned hereby certifies further that:

Children's Home Society Contract  
Fiscal Year 2025-2026  
Page 30 of 35

- (a) He or she is a duly authorized representative of the Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
- (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Children's Home Society of North Carolina, Inc.  
Contractor's Name

Rebecca Starnes 8/13/25  
Signature of Contractor's Authorized Agent Date

Rebecca Starnes, Chief Program Officer  
Printed Name of Authorized Agent

Claudia D. Erwin 8/13/25  
Signature of Witness Date

Claudia D. Erwin  
Printed Name of Witness

**\*\* The witness must be present when the Contractor's Authorized Agent signs this certification and should sign & date this document immediately thereafter\*\***

State Certifications  
Grantee/Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter\\_64/Article\\_2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf)
- G.S. 133-32: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_133/GS\\_133-32.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_133/GS_133-32.pdf)
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <https://ethics.nc.gov/media/242/download/Attachment>
- G.S. 105-164.8(b): [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_105/GS\\_105-164.8.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf)
- G.S. 143-48.5: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-48.5.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html)
- G.S. 143-59.1: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.1.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf)
- G.S. 143-59.2: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143/GS\\_143-59.2.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf)
- G.S. 143-133.3: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter\\_143/GS\\_143-133.3.html](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html)
- G.S. 143B-139.6C: [http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter\\_143B/GS\\_143B-139.6C.pdf](http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf)

Certifications

- (1) Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009), the undersigned hereby certifies that the Grantee/Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) Pursuant to G.S. 143-48.5 and G.S. 143-133.3, the undersigned hereby certifies that the Grantee/Contractor named below, and the Grantee/Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: [www.uscis.gov](http://www.uscis.gov)
- (3) Pursuant to G.S. 143-59.1(b), the undersigned hereby certifies that the Grantee/Contractor named below is not an "ineligible Grantee/Contractor" as set forth in G.S. 143-59.1(a) because:
- (a) Neither the Grantee/Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); and
- (b) [check one of the following boxes]
- ☒ Neither the Grantee/Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; or
- ☐ The Grantee/Contractor or one of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001 but the United States is not the principal market for the public trading of the stock of the corporation incorporated in the tax haven country.
- (4) Pursuant to G.S. 143-59.2(b), the undersigned hereby certifies that none of the Grantee/Contractor's officers, directors, or owners (if the Grantee/Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) Pursuant to G.S. 143B-139.6C, the undersigned hereby certifies that the Grantee/Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
- (a) He or she is a duly authorized representative of the Grantee/Contractor named below;
- (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Grantee/Contractor; and
- (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Grantee/Contractor's Name: Children's Home Society of North Carolina, Inc.

Grantee/Contractor's Authorized Agent: Signature Rebecca Starnes Date 8/13/25

Printed Name Rebecca Starnes Title Chief Program Officer

Witness: Signature Patricia C. Jarvis Date 8/13/25

Printed Name Patricia C. Jarvis Title Director of Compliance

The witness should be present when the Grantee/Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

Contractor Certifications Required by North Carolina Law (Rev. 8/16-1/17-3/14)

Page 1 of 1

ATTACHMENT N

Duplin County Department of Social Services

CERTIFICATION REGARDING NONDISCRIMINATION, CLEAN AIR ACT, CLEAN WATER ACT

Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

The Contractor must comply with Executive Order 11246, entitled "Equal Employment Opportunity," as amended by Executive Order 11375, and as supplemented by the Department of Labor Regulations (41 CFR Part 60): The Executive Order prohibits federal contractors and federally-assisted construction contractors and subcontractors who do over \$10,000 in Government business in one year from discriminating in employment decisions on the basis of race, color, religion, sex, or national origin. The Executive Order also requires Government contractors to take affirmative action to ensure that equal opportunity is provided in all aspects of their employment.

**Meaningful Access for LEP Individuals:** The Contractor that participate in the SNAP must take reasonable steps to ensure that LEP persons have meaningful access to programs, services, and benefits. This includes the requirement to provide bilingual program information and certification materials and interpretation services to single language minorities in certain project areas. SNAP Contractors that do not provide meaningful access for LEP individuals risk violating prohibitions against discrimination based on National Origin in the Food and Nutrition Act of 2008, as amended, Title VI of the Civil Rights Act of 1964 (Title VI) and SNAP program regulations at 7 CFR 272(a)(b). They also risk noncompliance with the USDA policy guidance titled, "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons", published in 79 FR 70771 - 70784 (November 28, 2014).

The Contractor should develop an implementing plan to address the language assistance needs of the LEP population served. This may include contracting for oral interpretation services, hiring bilingual staff, arranging telephone interpreters and/or language lines, coordinating community volunteers, translating vital documents, and providing written notice that language services are available in appropriate languages. Quality and accuracy of the language service is critical in order to avoid serious consequences to the LEP person and to the recipient. LEP needs should be considered in developing budgets and front line staff should understand how to obtain language assistance services. For additional assistance and information regarding LEP matters, please also visit <http://www.lep.gov>.

**Ensuring Equal Opportunity Access for Persons with Disabilities:** The Contractor must also ensure equal opportunity access for persons with disabilities. This includes ensuring that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with people without disabilities. Contractors that do not provide persons with disabilities equal opportunity access to programs may risk violating prohibitions against disability discrimination in the Rehabilitation Act of 1978, the American with Disabilities Act (ADA)

Children's Home Society Contract

Fiscal Year 2025-2026

Page 32 of 35



of 1990, as amended, and SNAP program regulations. DOJ published revised final regulations implementing Title II and Title III of the ADA on September 15, 2010. These regulations are codified at 28 CFR Part 35 "Nondiscrimination on the Basis of Disability in State and Local Government Services" and at 28 CFR Part 36 "Nondiscrimination on the Basis of Disability in Public Accommodations and Commercial Facilities". In accordance with the implementing regulations, Contractors must provide auxiliary aids and services where necessary to ensure effective communication and equal opportunity access to program benefits for individuals with disabilities. The type of auxiliary aids and services required will vary, but a Contractor may not require an individual with a disability to bring another individual to interpret, and may rely on a person accompanying a disabled individual only in limited circumstances. When a Contractor communicates with applicants and beneficiaries by telephone, it must provide text telephone services (TTY) or have access to an equally effective electronic telecommunications system to communicate with individuals who are deaf, hard of hearing, or hearing impaired. Contractors must also ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of accessible services, activities, and facilities. For more information, please visit the ADA website: <http://www.ada.gov>.

IV. The Clean Air Act, Section 308; 42 U.S.C. §7401 et seq. (1970)

- a. No Federal agency may enter into any contract with any person who is convicted of any offense under section 113(c) for the procurement of goods, materials, and services to perform such contract at any facility at which the violation which gave rise to such conviction occurred if such facility is owned, leased, or supervised by such person. The prohibition in the preceding sentence shall continue until the Administrator certifies that the condition giving rise to such a conviction has been corrected. For convictions arising under section 113(c)(2), the condition giving rise to the conviction also shall be considered to include any substantive violation of this Act associated with the violation of 113(c)(2). The Administrator may extend this prohibition to other facilities owned or operated by the convicted person.
- b. The Administrator shall establish procedures to provide all Federal agencies with the notification necessary for the purposes of subsection (a).
- c. In order to implement the purposes and policy of this Act to protect and enhance the quality of the Nation's air, the President shall, not more than 180 days after enactment of the Clean Air Amendments of 1970 cause to be issued an order (1) requiring each Federal agency authorized to enter into contracts and each Federal agency which is empowered to extend Federal assistance by way of grant, loan, or contract to effectuate the purpose and policy of this Act in such contracting or assistance activities, and (2) setting forth procedures, sanctions, penalties, and such other provisions, as the President determines necessary to carry out such requirement.
- d. The President may exempt any contract, loan, or grant from all or part of the provisions of this section where he determines such exemption is necessary in the paramount interest of the United States and he shall notify the Congress of such exemption.
- e. The President shall annually report to the Congress on measures taken toward implementing the purpose and intent of this section, including but not limited to the progress and problems associated with implementation of this section. [42 U.S.C. 7806]

V. The Clean Water Act; 33 U.S.C. §1251 et seq. (1972)

- a. No Federal agency may enter into any contract with any person who has been convicted of any offense under Section 309(c) of this Act for the procurement of goods, materials, and services if such contract is to be performed at any facility at which the violation which gave rise to such conviction occurred, and if such facility is owned, leased, or supervised by such person. The prohibition in preceding sentence shall continue until the Administrator certifies that the condition giving rise to such conviction has been corrected.
- b. The Administrator shall establish procedures to provide all Federal agencies with the notification necessary for the purposes of subsection (a) of this section.
- c. In order to implement the purposes and policy of this Act to protect and enhance the quality of the Nation's water, the President shall, not more than 180 days after the enactment of this Act, cause to be issued an order:

Children's Home Society Contract  
Fiscal Year 2025-2026  
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- (i) requiring each Federal agency authorized to enter into contracts and each Federal agency which is empowered to extend Federal assistance by way of grant, loan, or contract to effectuate the purpose and policy of this Act in such contracting or assistance activities, and
- (ii) setting forth procedures, sanctions, penalties, and such other provisions, as the President determines necessary to carry out such requirement.
- d. The President may exempt any contract, loan, or grant from all or part of the provisions of this section where he determines such exemption is necessary in the paramount interest of the United States and he shall notify the Congress of such exemption.
- e. The President shall annually report to the Congress on measures taken in compliance with the purpose and intent of this section, including, but not limited to, the progress and problems associated with such compliance.
- f. No certification by a contractor, and no contract clause, may be required in the case of a contract for the acquisition of commercial items in order to implement a prohibition or requirement of this section or a prohibition or requirement issued in the implementation of this section.
- g. In paragraph (1), the term "commercial item" has the meaning given such term in section 4(12) of the Office of Federal Procurement Policy Act (41 U.S.C. 403(12)).

  
Rebecca Starnes

Chief Program Officer  
Title

Children's Home Society of North Carolina, Inc.  
Agency/Organization

8/13/25  
Date

(Certification signature should be same as Contract signature.)

CIVIL RIGHTS ASSURANCES

DUPLIN COUNTY

VENDOR: Children's Home Society of North Carolina, Inc.  
STATEMENT OF ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964  
FOR OTHER AGENCIES, INSTITUTIONS, ORGANIZATIONS OR FACILITIES

Children's Home Society of North Carolina, Inc. hereby agrees that it will comply with the provisions of the Title VI Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, the Americans with Disabilities Act, and all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part SO.3 and 42; and FNS directives and guidelines. This legislation provides direction for ensuring that all applicants and recipients are given an equal opportunity to participate in programs and services without regard to race, color, national origin, sex, age, religion, political beliefs or disability.

By accepting this assurance, the entity agrees to compile data, maintain records, and submit reports as required, to permit effective enforcement of nondiscrimination laws and permit authorized NC Division of Social Services personnel during hours of program operation to review such records, books, and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the North Carolina Department of Health and Human Services, Division of Social Services, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the entity, its successors, transferees, and assignees as long as it receives assistance or retains possession of any assistance from North Carolina Department of Health and Human Services, Division of Social Services. The person or persons whose signatures appear below are authorized to sign this assurance on the behalf of Children's Home Society of North Carolina, Inc. print the address of institution, organization or facility:

| Mailing Address:                             | Physical Address:    |
|----------------------------------------------|----------------------|
| Attn: Rebecca Starnes, Chief Program Officer |                      |
| P.O. Box 14608                               | 604 Meadow Street    |
| Greensboro, NC 27415                         | Greensboro, NC 27405 |
| Telephone (336) 274-1538                     |                      |
| Facsimile (336) 274-7347                     |                      |

  
\_\_\_\_\_  
Signature of Authorized official

8/13/25  
Date

Rebecca Starnes  
Printed Name of the Authorized official

Chief Program Officer  
Title

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Josh Stein, Governor

NC Department of Public Safety  
EMERGENCY MANAGEMENT

AGENDA

Eddie M. Buffalo Jr., Secretary  
William C. Ray, Director

FY24 State and Local Cybersecurity Grant Program (SLCGP)

AL #: 97.137  
Grant#: EMW-2024-CY-05275

Memorandum of Agreement (MOA)  
between

GRANTOR:  
State of North Carolina  
Department of Public Safety  
Emergency Management (NCEM)  
1636 Gold Star Dr  
Raleigh, NC 27607

GRANTEE:  
Duplin County  
209 Seminary Street  
Kenansville, NC 28349

Tax ID/EIN #: 566000296  
Unique Entity ID (from SAM.gov): KZN4GK5262K3

MOA #: 24SLCGP803      Award amount: \$234,378.20  
Period of performance: 12/13/2024 to 2/28/2028  
Cost center: 102642-0-0-6024-19GH000601  
Project Title Windows 10 End of Life Replacement

1. Purpose

The purpose of this Memorandum of Agreement (MOA) is to establish responsibilities and procedures to implement the terms and conditions of the US Department of Homeland Security (DHS) State and Local Cybersecurity Grant Program (SLCGP). More information about SLCGP is available at: [State and Local Cybersecurity Grant Program | FEMA.gov](#) and <https://www.ncdps.gov/SLCGP>.

This MOA is to set forth terms by which GRANTOR shall provide SLCGP funding to GRANTEE to fund projects related to meeting State and Local Cybersecurity Objectives as identified in the Department of Homeland Security Notice of Funding Opportunity (NOFO) for FY2024 SLCGP. See Attachment 1 for a detailed description of the approved scope of work for the approved project(s) for this grant. The scope of work is the approved Application and associated Budget as submitted by GRANTEE with any amendments/adjustments approved by GRANTOR.

2. Authority

This MOA is authorized under the provisions of: (1) Section 2220A of the *Homeland Security Act of 2002* (Pub. L. No. 107-296, as amended) (6 U.S.C. § 665g), (2) *Infrastructure Investments and Jobs Appropriations Act* (Pub. L. No. 117-58), (3) FY 2024 SLCGP Notice of Funding Opportunity (NOFO), (4) applicable FEMA Grant Programs Directorate Information Bulletins (see <https://www.fema.gov/grants/preparedness/about/informational-bulletins>), and (5) *NC Emergency Management Act*, North Carolina General Statutes (N.C.G.S.) [Chapter 166A](#).

The funds awarded under this grant must be used in compliance with all applicable federal, state, local and tribal laws and regulations. By accepting this award, GRANTEE agrees to use these funds in a manner consistent with all applicable laws and regulations.



3. Funding

All terms and conditions of this MOA are dependent upon and subject to the allocation of funds from DHS and NCEM for the purposes set forth, and the MOA shall automatically terminate if funds cease to be available.

Allowable costs shall be determined in accordance with applicable DHS Program Guidelines, which include, but may not be limited to, the FY2024SLCGP [NOFO](#), 2 CFR 200 Subpart E, Federal Acquisition Regulations (FAR) Part 31.2, OMB Circulars A-21, and applicable DHS and FEMA financial management guidance available at <https://www.dhs.gov/dhs-grants> and <https://www.fema.gov/grants/guidance-tools>. Allowable costs are also subject to the approval of the State Administrative Agency (SAA) for the State of North Carolina, the Secretary of the Department of Public Safety.

4. Funding Eligibility Criteria

Federal funds administered through GRANTOR (NCEM on behalf of State of North Carolina) are available to local governments to assist in the cost of developing and maintaining a comprehensive Cybersecurity preparedness posture program.

Local government entities are defined in [N.C.G.S. 159-44](#) as: “counties; cities, towns, and incorporated villages; consolidated city-counties, as defined by G.S. 160B-2(1); sanitary districts; mosquito control districts; hospital districts; merged school administrative units described in G.S. 115C-513; metropolitan sewerage districts; metropolitan water districts; metropolitan water and sewerage districts; county water and sewer districts; regional public transportation authorities; and special airport districts.”

Community colleges are included in the definition of *local government entities* for purposes of FY2024 SLCGP per [N.C.G.S. 143-800\(c\)\(1\)](#). Federally recognized tribes are also included as eligible local government pass-through entities per the FY2024 SLCGP [NOFO](#).

Continued SLCGP funding is contingent upon completion of all SLCGP funding requirements. The following eligibility criteria must be adhered to during the entire duration of the grant program:

GRANTEE must:

- A. Be established as a local government entity as defined above by appropriate resolution/ordinance.
- B. Have a Unique Identity ID (UEID) prior to any funds being released. UEID may be obtained from <http://www.sam.gov>.
- C. Ensure their organization is registered with the System for Award Management (SAM) and that their organization maintains an active SAM registration, i.e. renewed annually. Every applicant is required to have their name, address, and UEID up to date in SAM, and the UEID used in SAM must be the same one used to apply for all FEMA awards. SAM information can be found at <http://www.sam.gov>. Future payments will be contingent on the information provided in SAM; therefore, it is imperative that the information is correct, and that an active SAM registration is properly maintained.

5. Compensation

GRANTOR agrees that it will pay GRANTEE complete and total compensation for the services to be rendered by GRANTEE. Payment to GRANTEE for expenditures under this Memorandum of Agreement (MOA) will be reimbursed after GRANTEE’S request for reimbursement, detailed invoices, and proof of payment are submitted and approved for eligible expenses, and goods and/or services have been received. These documents must be submitted no later than 30 days after the POP end date.

6. Conditions

Funding is contingent upon completion of all funding requirements. The following conditions must be adhered to during the entire duration of the grant program.

A. GRANTEE must:

- i. Complete any procurements, expenditures, and receipt of goods or services within the POP. This includes software subscriptions, which even if paid for during the POP must be pro-rated so that the subscription

- period reimbursed is only for the duration of the POP. See [NCEM | Grants](#) for a Pro-Rated Services Calculator to calculate the amount of eligible costs within the POP.
- ii. [Match Requirement](#). The required match/cost share for FY24 SLCGP is 30% of total project costs. For example, if an applicant submits a project costing \$100,000, the applicant would be responsible for \$30,000 of those costs, and they would only be applying for \$70,000 of federal funding for the project (\$70,000 federal funding / .70 x .30 = \$30,000 grantee match/cost share). If an applicant is applying for the maximum \$250,000 federal award for FY24 SLCGP, their required match/cost share would be \$107,143 (rounded up), for total project costs of \$357,143.
  - iii. GRANTEE must submit requests for reimbursement with all required documentation attached in [Salesforce](#). Once GRANTOR is satisfied that GRANTEE has provided all required documentation, the requested distributions can be processed for payment. The distributions of funds will be coded to cost center 102642-0-0-6024-19GH000601 in the North Carolina Financial System (NCFS). See GRANTEE paragraph 7.H.
  - B. [Required Documents/Forms](#). GRANTEE must submit the following [documents](#) to GRANTOR in [Salesforce](#) upon execution of this MOA. This is not required if GRANTEE has previously submitted these documents to GRANTOR for this or any other grant; however, if any of these documents are not current, GRANTEE must submit updated document(s) in [Salesforce](#):
    - i. [W-9 \(09 NCAC 03M .0202\)](#)
    - ii. [Electronic Payment / Vendor Verification Form \(09 NCAC 03M .0202\)](#)
    - iii. [Conflict of Interest Policy \(G.S. 143C-6-23.\(b\)\)](#)
    - iv. [Sworn \(Notarized\) No Overdue Tax Debt Certification \(G.S. 143C-6-23.\(c\)\)](#)
    - v. GRANTEE Procurement Policy

Upload & maintain your most recent procurement policy in your [Salesforce](#) account for your organization. See [UNC School of Government procurement policy resources for local governments](#) in NC, and [North Carolina Center for Nonprofits Purchasing & Procurement Policy Samples](#) for guidance on procurement policies. Make sure your procurement policy for your organization adequately addresses purchasing under federal awards. See [FEMA Resource Library: Purchasing Under a FEMA Award](#) for guidance.
  - C. [Annual Progress Reports](#). Complete annual progress reports in [Salesforce](#). For reporting period 07/01/2026 – 06/30/27, report is due 07/31/2027. For reporting period 07/01/2027 – 06/30/28, report is due 07/31/2028 or end of POP, whichever is sooner. Report is also required with submission of final reimbursement request (RFR) submitted per GRANTEE paragraph 7.H. below.
- Even if there are no expenditures an annual progress report must be completed by GRANTEE to update their progress on approved scope of work specified in Attachment 1 and any approved amendments. If GRANTEE closes their award prior to end of POP, no further annual reports are required.
- D. [Nationwide Cybersecurity Review \(NCSR\)](#). GRANTEE is required to complete the [NCSR](#), administered by the [MS-ISAC](#), during the first year of this grant award POP and annually thereafter through the last year of this grant award POP. Grantee is required to upload NCSR Completion Certificate in [Salesforce](#).

Three NCSRs are required as follows:

| NCSR | Completion Period       |
|------|-------------------------|
| 2025 | 10/01/2025 - 02/28/2026 |
| 2026 | 10/01/2026 - 02/28/2027 |
| 2027 | 10/01/2027 - 02/28/2028 |

If GRANTEE closes their award prior to end of POP no further NCSR are required.

- E. [Required Services and Memberships](#).  
Cyber Hygiene Services (CHS):

- Web Application Scanning is an “internet scanning-as-a-service.” This service assesses the “health” of your publicly accessible web applications by checking for known vulnerabilities and weak configurations. Additionally, CISA can recommend ways to enhance security in accordance with industry and government best practices and standards.
- Vulnerability Scanning evaluates external network presence by executing continuous scans of public, static IPs for accessible services and vulnerabilities. This service provides weekly vulnerability reports and ad-hoc alerts. To register for these services, email [vulnerability\\_info@cisa.dhs.gov](mailto:vulnerability_info@cisa.dhs.gov) with the subject line “Requesting Cyber Hygiene Services – SLCGP” to get started. Indicate in the body of your email that you are requesting this service as part of the SLCGP. For more information, visit CISA’s [Cyber Hygiene Information Page](#).
- GRANTEE is required to certify CHS compliance and provide proof of CHS compliance upon request of GRANTOR.

7. Responsibilities

GRANTOR:

- A. GRANTOR shall provide funding to GRANTEE to perform the activities as described herein.
- B. GRANTOR shall conduct a review of the project to ensure that it is in accordance with SLCGP requirements.
- C. GRANTOR shall monitor the completion of the approved scope of work as specified in Attachment 1 and any approved amendments/adjustments.
- D. GRANTOR has obligated the funding for this MOA within 45 days of acceptance of the federal award by signing this MOA.

GRANTEE:

- A. This MOA must be signed and returned to GRANTOR within 45 days after GRANTEE receives this MOA. The grant shall be effective upon return of the MOA.
- B. GRANTEE shall expend FY2024 SLCGP Grant Program funds in accordance with the FY2024 SLCGP [NOFO](#), the grant application, and this MOA.
- C. Documentation to be provided throughout POP:
  - i. Annual Progress Reports, per paragraph 6.C. above.
  - ii. Annual NCSR, per paragraph 6.D. above.
  - iii. CHS compliance upon request of GRANTOR, per paragraph 6.E. above.
  - iv. GRANTEE-involved legal action that pertains to any goods or services purchased with grant funds.
  - v. Copies of any audits and corrective actions pertaining to these grant funds or any other funds provided to GRANTEE by GRANTOR.
  - vi. Roster and after-action report (AAR) for grant-funded exercises in accordance with Homeland Security Exercise and Evaluation Program Doctrine ([HSEEP](#)).
  - vii. Roster and syllabus for grant-funded training.
  - viii. Any other documentation requested by GRANTOR.

D. Procurement.

- i. GRANTEE shall utilize the most restrictive of all federal, State of NC, and their own local procurement policies & procedures that allows for compliance with all applicable layers (federal, state, and their own).
- ii. GRANTEE must follow the procurement standards identified in [2 CFR 200.317 – 200.327](#) and [Appendix II to Part 200—Contract Provisions for Non-Federal Entity Contracts Under Federal Awards](#), and as outlined in the FY2024 SLCGP [NOFO](#) and [2025 FEMA Preparedness Grants Manual](#). GRANTEE shall comply with all

applicable laws, regulations and program guidance. GRANTEE must comply with the most recent version of the funding administrative requirements, cost principles, and audit requirements.

- iii. Administrative and procurement practices must conform to applicable federal requirements. A non-exclusive list of regulations commonly applicable to DHS grants are listed below, codified in the following guidance: 15 CFR Part 24; Federal Acquisition Regulations (FAR), Part 31.2; 28 CFR Part 23 “Criminal Intelligence Systems Operating Policies”; 49 CFR Part 1520 “Sensitive Security Information”; Public Law 107-296, The Critical Infrastructure Act of 2002; Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000 et. seq.; Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et. seq; Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794; The Age Discrimination Act of 1975, as amended, 20 U.S.C. 6101 et. seq.; Cash Management Improvement Act (CMLA) and its implementing regulations at 31 CFR Part 205; FEMA Grant Programs Directorate, Grants Management Division, Match Guidance; Certifications and Assurances regarding Lobbying 31 U.S.C. 1352, Drug-Free Workplace Act, as amended, 41 U.S.C. 701 et. seq. and Certification Regarding Drug-Free Workplace Requirements, Debarment and Suspension Executive Orders 12549 and 12689 and certification regarding debarment, suspension and other responsibility matters; 28 CFR Parts 66, 67, 69, 70 and 83; and Grant Award and Special Conditions documents.
- iv. Mini-Brooks Act. Grantees that are governmental entities or otherwise subject to the requirements of the Local Government Commission (LGC) per [20 NCAC 03](#) are required under North Carolina law to follow rules and regulations in the “Mini-Brooks Act”, [G.S. 143-64.31](#), for the procurement of certain professional services performed by architects, engineers, surveyors, and construction managers at risk.
- v. Conflicts of Interest. See paragraph M. below.
- vi. Complete all procurement by the end of POP.

- E. Comply with current federal laws and suspension and debarment regulations pursuant to 2 CFR [200.213 – 200.214](#), [2 CFR Part 180](#) and U.S. Office of Management and Budget (OMB) Guidance, which requires in pertinent part that when a non-federal entity enters into a covered transaction with an entity at a lower tier, the non-federal entity must verify that the entity is not suspended or debarred or otherwise excluded.

GRANTEE shall be responsible to ensure that it has checked the federal System for Awards Management (SAM), <https://sam.gov/content/exclusions> and the State Debarred Vendors Listing, <https://ncadmin.nc.gov/documents/nc-debarred-vendors>, to verify that contractors or grantees have not been suspended or debarred from doing business with the federal government.

- F. Per 09 NCAC 03M, agencies shall not disburse any state financial assistance to an entity that is on the [Suspension of Funding List](#) (SOFL). OSBM maintains the SOFL. The SOFL is updated on a weekly basis. GRANTEE is prohibited under this MOA from procurement, and/or contracting with any entity listed on the SOFL using these grant funds.
- G. Indirect Costs. No indirect or administrative costs will be charged to this award. See [2 CFR 200.332\(b\)\(4\)](#).
- H. Requests for Reimbursement (RFR). Submit RFR for items or services received in [Salesforce](#). GRANTOR will reimburse GRANTEE for eligible costs as outlined in the applicable DHS program guidelines and FY2024 SLCGP [NOFO](#). GRANTEE must take possession of all purchased equipment and receive any grant-eligible service prior to seeking reimbursement from GRANTOR. GRANTEE must submit request for reimbursement within 60 days of payment of invoice. Requests for reimbursement submitted more than 60 days after GRANTEE payment of invoice may be denied.

RFR must include sufficient documentation that approved expenditures have been properly invoiced and paid by GRANTEE, and that the products and/or services have in fact been received by GRANTEE. RFRs must also include a [summary of expenditures](#) included in the RFR completed by GRANTEE. Summary of expenditures should include at a minimum: vendor name, date of purchase, invoice number, total invoice amount, and reimbursable amount.



Refer to [RFR webinar](#) for guidance on proper submission of RFRs for FY2024 SLCGP. RFRs must be submitted in an unlocked PDF file that does not require a password or any special permissions to open. All documentation attached to RFR submitted in [Salesforce](#).

All reimbursement requests require a Summary of Invoices, Invoice(s), and Proof of Payment to be uploaded with the request. All documents must be legible and must contain the following information:

- i. Name and address of the vendor or establishment providing the product or service.
- ii. Vendor/Payee invoice number, account number, and any other unique meaningful identifying number.
- iii. Date product received or service provided.
- iv. Itemized description of all products or services.
- v. Unit price of products or services (if applicable).
- vi. Total amount of eligible expenditures.
- vii. Copy of executed contract/subcontract agreement (if applicable).
- viii. Proof of payment must be either a cancelled check or ledger entry.
- ix. [Pro-Rated Services Calculator](#) - Use this calculator to determine the total reimbursable amount of service contracts & subscriptions (including SaaS / Software as a Service) pro-rated for the period of performance (POP) of the grant. NCEM can only reimburse services & subscriptions that are delivered & utilized within the designated POP of the grant. Service & subscription periods that extend before or after the POP are not reimbursable.
- I. [Funds Management](#). GRANTEE agrees that funds paid through this grant shall be accounted for in a separate fund and accounting structure within GRANTEE's central accounting and grant management system. GRANTEE agrees to manage all accounts payable disbursements, check register disbursements and related transactions in a detailed manner that supports fully transparent accounting of all financial transactions associated with the funding for this grant.
  - i. Expenditures for travel mileage, meals, lodging and other travel expenses incurred in the performance of this grant shall be reasonable and supported by documentation. State rates should be used as guidelines. International travel shall not be eligible under this MOA. Grantee must have an acceptable local travel regulation plan or accept the state travel regulations. Refer to [2 CFR 200.475](#) for travel costs.
  - ii. If eligible, GRANTEE shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this grant, pursuant to [N.C.G.S. 105-164.14](#); and (b) exclude all refundable sales and use taxes from all reported expenditures.
- J. Maintain a grant management filing system with [required grantee file documentation](#). GRANTEE is required to maintain all records of this grant for three years after termination of the grant, or audit if required, or longer where required by law, as outlined below. GRANTEE must meet the record retention requirements in [2 CFR 200.334](#) and must maintain a file for each SLCGP grant award. However, if any litigation, claim or audit has been initiated prior to the expiration of the three-year period, the records shall be retained until all litigation, claims or audit findings involving the records have been resolved. The following files must be available for review by NCEM staff for site visits, project closeout and audits:
  - i. Resolution/ordinance establishing GRANTEE as a state or local government entity, or nonprofit organization.
  - ii. Award letter, MOA, and supporting attachments.
  - iii. Completed appropriate reports with specifications, solicitations, competitive quotes or proposals, basis for selection decisions, purchase orders, contracts, invoices, and proof(s) of payment.
  - iv. Audit findings and corrective action plans.
- K. [Property and Equipment](#). GRANTEE shall have sole responsibility for the maintenance, insurance, upkeep, and replacement of any equipment procured pursuant to this MOA as follows:
  - i. Only allowable equipment listed in the Authorized Equipment List ([AEL](#)) for SLCGP are eligible for purchases from this grant. In addition, GRANTEE will be responsible for obtaining and maintaining all necessary certifications and licenses for the requested equipment.
  - ii. Property and equipment purchased with SLCGP funds shall be titled to GRANTEE, unless otherwise specified by NCEM, DHS and/or FEMA. GRANTEE shall be responsible for the custody and care of any property and equipment purchased with SLCGP funds furnished for use in connection with this MOA and shall reimburse GRANTEE for any loss or damage to said property until the property is disposed of in

accordance with SLCGP Program requirements. GRANTOR will not be held responsible for any property purchased under this MOA.

- iii. GRANTEE must utilize all property and equipment as intended in their project application to NCEM. Any variation from this intended use must be requested in writing and approved by NCEM.
- iv. GRANTEE shall take an initial physical inventory of any equipment. Equipment is defined as tangible, non-expendable property having a useful life of more than one year and an acquisition cost of \$10,000 or more per unit. GRANTEE may have property management guidelines that are more restrictive, requiring a unit of equipment with a value of less than \$10,000 to be inventoried. If so, such equipment purchased under this award allocation shall be included on the report submitted to GRANTOR. The grant summary, reimbursement request(s) with backup documentation, certificate of title, and any other GRANTEE reports or inventory reports that include information regarding the grant, vendor, invoice number, cost per item, number of items, description, location, condition, and identification number may be used to meet this requirement.
- v. GRANTEE must ensure a control system exists to ensure adequate safeguards to prevent loss, damage, or theft. GRANTEE shall be responsible for replacing or repairing equipment which is willfully or negligently lost, stolen, damaged, or destroyed. Any loss, damage or theft of the property must be investigated and fully documented and made part of the official project records.
- vi. GRANTEE or equipment owner must ensure adequate maintenance procedures exist to keep the equipment in good condition.
- vii. [Use](#), Per [2 CFR 200.313](#), during the time that equipment is used on the project or program for which it was acquired, GRANTEE must also make the equipment available for use on other projects or programs currently or previously supported by this or other federal grants, provided that such use will not interfere with the work on the projects or program for which it was originally acquired. First preference for other use must be given to other programs or projects supported by DHS that financed the equipment and second preference must be given to other programs or projects under grants from other federal awarding agencies. NCEM, in conjunction with DHS and/or FEMA, will determine and direct how equipment will be redeployed.
- viii. [Disposition Procedures](#). Unless otherwise directed by GRANTOR, DHS and/or FEMA, GRANTEE may dispose of the equipment when the original or replacement equipment acquired under the grant award is no longer needed for the original project or program, or for other activities currently or previously supported by a federal awarding agency. However, GRANTEE must notify GRANTOR via *Chatter* in [Salesforce](#) prior to disposing of any equipment purchased with grant funds. Items with a fair market value of less than \$10,000 may be retained, transferred, or otherwise disposed of with prior approval of NCEM and in accordance with disposition requirements in [2 CFR 200.313](#). Unless otherwise directed by NCEM, DHS and/or FEMA, items with a current per unit standard federal or fair market value in excess of \$10,000 may not be retained, transferred, or otherwise disposed of without prior NCEM approval in accordance with disposition requirements in [2 CFR 200.313](#). GRANTEE must provide documentation that includes the method used to determine current fair market value.
- ix. [Communications equipment](#). Investments in emergency communications systems and equipment must meet applicable [SAFECON](#) Guidance recommendations. Such investments must be coordinated with the Statewide Inoperability Coordinator ([SIEC](#)) to ensure interoperability and long-term compatibility. In order to align communications technologies with current statewide communications plans, systems, networks, strategies, and emerging technologies, the NCEM Communications Branch requires that purchases made with grant funds meet the standards identified in [NCEM Communications Branch Memo](#).
- L. The purchase or acquisition of any additional materials, equipment, accessories or supplies, or the provision of any training, exercise, or work activities beyond that identified in the approved scope of work specified in Attachment 1 and any approved amendments, shall be the sole responsibility of GRANTEE and shall not be reimbursed under this MOA.
- M. [Conflicts of Interest](#).
  - i. [State Law](#). Per [N.C.G.S. § 143C-6-23\(b\)](#), GRANTEE is required to file with GRANTOR a copy of GRANTEE's policy addressing conflicts of interest that may arise involving GRANTEE'S management employees and the members of its board of directors or other governing body. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as GRANTEE's employees or members of its board or other governing body, from GRANTOR'S disbursing of grant funds,



- and shall include actions to be taken by GRANTEE or the individual, or both, to avoid conflicts of interest and the appearance of impropriety. **The policy shall be filed before GRANTOR may disburse any grant funds.**
- ii. Federal Law – Grant Administration. Per [2 CFR 200.112](#) and the [FEMA Preparedness Grants Manual](#), all grantees must disclose in writing to NCEM, and attempt to avoid, any real or potential conflict of interest that may arise during the administration of a federal grant award. For purposes of this MOA, conflicts of interest may arise in situations where a grantee employee, officer, or agent, any members of his or her immediate family, or his or her partner has a family relationship, close personal relationship, business relationship, or professional relationship, with anybody at DHS, FEMA and/or NCEM involved in the administration of this grant award.
- iii. Federal Law – Procurement. Per [2 CFR 200.318\(c\)](#) and the [FEMA Preparedness Grants Manual](#), all grantees that are non-federal entities other than states are required to maintain written standards of conduct covering conflicts of interest and governing the actions of their employees engaged in the selection, award, and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a federal award if he or she has a real or apparent conflict of interest. Such conflicts of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the grantee may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, grantees may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by officers, employees, or agents of the grantee. All grantees must disclose in writing to NCEM, and attempt to avoid, any real or potential conflicts of interest with respect to procurement, contracting and subcontracting with funds provided under this grant award. Upon request, grantees must also provide a copy of their standards of conduct policy covering conflicts of interest with respect to procurement, contracting and subcontracting with funds provided under this grant award.
- N. Environmental Historic Preservation Review (EHP). See Paragraph 13.
- O. All materials publicizing or resulting from award activities, including websites, social media and TV/radio, shall contain this acknowledgement: "This project was supported by a federal award from the US Department of Homeland Security, Department of Public Safety, North Carolina Emergency Management." Use of DHS seal(s), logo(s) and flags must be approved by DHS. Printed as a legend, either below or beside the logo(s) shall be the words "Funded by US Department of Homeland Security".
- P. Comply with the applicable federal statutes, regulations, policies, guidelines, requirements and certifications as outlined in the FY2024 SLCGP [NOFO](#) and Subaward Notification.
- Q. DHS Standard Terms and Conditions  
GRANTEE must comply with all applicable provisions of the FY2024 [DHS Standard Terms and Conditions](#) (Attachment 2). This applies to all new federal financial assistance awards funded in FY2024. These terms and conditions flow down to grantees unless an award term or condition specifically indicates otherwise. The United States has the right to seek judicial enforcement of these obligations.
- R. Closeout Reporting Requirements. In accordance with [2 CFR 200.344](#), GRANTEE must submit to GRANTOR, no later than 90 calendar days after the end date of the POP, all financial, performance, and other reports as required by the terms and conditions of the federal award, this MOA and FY2024 [DHS Standard Terms and Conditions](#) (Attachment 2), incorporated by reference herein, for the performance of the activities. This closeout documentation must be submitted in [Salesforce](#).
- Required documentation includes:
- A complete accounting of how all grant funds were used
  - A certification stating that funds were used for the purposes appropriated
  - Any additional closeout documentation requested by GRANTOR
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- Agreement that all reported program activity results are subject to review and authentication. GRANTEE shall provide access to work papers, receipts, invoices, and reporting records upon request for audit purposes.
- Once the complete final performance and financial status report package has been received and evaluated by GRANTOR, GRANTEE will receive official notification of MOA closeout. This notification will confirm that GRANTOR is officially closing the MOA and will retain all related files and materials for a minimum of five (5) years, or until all audit exceptions have been resolved—whichever is longer.
8. **Supplantation**  
Grant funds will be used to supplement existing funds and will NOT replace (supplant) funds that have been appropriated and/or budgeted for the same purpose. Grantees may be required to supply documentation certifying that a reduction in non-federal resources occurred for reasons other than the receipt or expected receipt of federal funds. However, this shall not be construed to prohibit the use of funds from this grant for otherwise permissible uses on the basis that the GRANTEE has previously used GRANTEE funds to support the same or similar uses.
9. **Taxes**  
GRANTEE shall be considered to be an independent grantee and as such shall be responsible for ALL taxes. There shall be no reimbursement for taxes incurred by GRANTEE under this grant. If eligible, GRANTEE shall: (a) ask the North Carolina Department of Revenue for a refund of all sales and use taxes paid by them in the performance of this grant, pursuant to [N.C.G.S. 105-164.14](#); and (b) exclude all refundable sales and use taxes from all reported expenditures.
10. **Warranty**  
As an independent grantee, GRANTEE will hold GRANTOR harmless for any liability and personal injury that may occur from or in connection with the performance of this MOA to the extent permitted by the [North Carolina Tort Claims Act](#). Nothing in this MOA, express or implied, is intended to confer on any other person any rights or remedies in or by reason of this MOA. This MOA does not give any person or entity other than the parties hereto any legal or equitable claim, right or remedy. This MOA is intended for the sole and exclusive benefit of the parties hereto. This MOA is not made for the benefit of any third person or persons. No third party may enforce any part of this MOA or shall have any rights hereunder. This MOA does not create, and shall not be construed as creating, any rights enforceable by any person not a party to this MOA. Nothing herein shall be construed as a waiver of the sovereign immunity of the State of North Carolina.
11. **State of North Carolina Reporting Requirements per NCGS 143C-6-23 and 09 NCAC 03M**  
North Carolina state law ([N.C.G.S. 143C-6-23](#) and [09 NCAC 03M](#)) requires every nongovernmental entity (including non-profit organizations) that receives state or federal pass-through grant funds from state agencies to file annual reports on how those grant funds were used no later than three months after the end of the non-state entity's fiscal year. **Government entities including counties and local governments are not required to file these reports.**  
Refer to "State Grant Compliance Reporting Forms" on the following website for instructions and applicable forms for nongovernmental grantees (including non-profit organizations) to meet these requirements: <https://www.ncdps.gov/our-organization/emergency-management/emergency-management-grants/grants-management-compliance>.
12. **Audit Requirements**  
For all federal grant programs, GRANTEE is responsible for obtaining audits per 2 CFR 200 Subpart F.  
Per 2 CFR 200.501, a grantee that receives a combined \$1,000,000 or more in funding from all federal funding sources, even those passed through a state agency, must have a single audit conducted in accordance with 2 CFR 200.514 and GAGAS within 9 months of the grantee's fiscal year end. GRANTEE must:
- A. Post the single audit conducted in accordance with 2 CFR 200.514 and GAGAS to the Federal Audit Clearinghouse <https://harvester.census.gov/facweb/>.



- B. Submit to DPS Internal Audit ([DPS\\_GrantComplianceReports@ncdps.gov](mailto:DPS_GrantComplianceReports@ncdps.gov)) a single audit prepared and completed in accordance with GAGAS. This can, at the option of GRANTEE, be the same single audit submitted to the Federal Audit Clearinghouse in paragraph 13.A. above.
- C. Make copies of the single audit available to the public.

Per 09 NCAC 03M.0205, a non-state entity that is not exempt from the requirements of SUBCHAPTER 03M – UNIFORM ADMINISTRATION OF STATE AWARDS OF FINANCIAL ASSISTANCE per 09 NCAC 03M.0201, that receives a combined \$1,000,000 or more in North Carolina state funding or federal funding passed through a state agency must within 9 months of the non-state entity's fiscal year end submit to DPS Internal Audit ([DPS\\_GrantComplianceReports@ncdps.gov](mailto:DPS_GrantComplianceReports@ncdps.gov)) a single audit prepared and completed in accordance with Generally Accepted Government Auditing Standards (GAGAS): <https://www.gao.gov/yellowbook>.

If GRANTEE is a unit of local government in North Carolina, GRANTEE may be subject to the audit and reporting requirements in [N.C.G.S. 159-34](#), Local Government Finance Act – Annual Independent Audit, rules and regulations. Such audit and reporting requirements may vary depending upon the amount and source of grant funding received by the GRANTEE and are subject to change (see [Local Government Commission](#) for more information). See also [20 NCAC 03](#) (Local Government Commission).

The different audit requirements for non-governmental and governmental entities are summarized on the [NCEM Grants Management & Compliance website](#).

13. Construction, Renovation, and Infrastructure Projects

- A. [Environmental Historic Preservation Review \(EHP\)](#), Per the FY2024 SLCGP [NOFO](#), grant funds may not be used to acquire land or to construct, remodel, or perform alterations of buildings or other physical facilities; however, this prohibition does not include "minor building modifications" necessary to install and connect grant-purchased equipment that do not substantially affect a building's structure, layout, systems, or critical aspects of a building's safety, or otherwise materially increase the value or useful life of a building. Therefore, grant applications requesting funds to acquire land or to construct, remodel, or perform alterations of buildings or other physical facilities beyond "minor building modifications" as described above will be rejected.

Minor modifications may be permitted with appropriate FEMA Environmental Planning and Historic Preservation (EHP) review and compliance.

- Examples of allowable "minor modifications" with appropriate EHP review may include:
- Replacing or installing servers, communication, or network components onto existing racks and using existing cabling.
- Installation of new equipment cabling through existing conduit and no new holes in walls, ceilings, or floors.
- Tabletop equipment such as computers, monitors, and workstations.

For minor modifications, required [Environmental and Historic Preservation \(EHP\) Screening Form](#) should be submitted within 30 days of the award date via [Salesforce](#), with a copy sent to the NCEM grant manager.

Refer to paragraph D.13. of FY2024 SLCGP [NOFO](#) for a detailed information on funding restrictions, and allowable v. unallowable costs.

See [Information Bulletin No. 523: Guidance on Fiscal Years 2022–2024 State and Local Cybersecurity Grant Program \(SLCGP\) Minor Modifications to Existing Facilities or Other Physical Facilities](#) for more details.

- B. [Build America, Buy America Act \(BABAA\)](#): If funding from this grant program is used for an "infrastructure" project, all iron, steel, manufactured products & construction materials used in the project must be produced in the U.S. per the [Build America, Buy America Act \(BABAA\)](#), unless an [approved waiver](#) applies, including the [Small Projects Waiver](#), which waives the BABAA requirements for all projects that do not exceed the federal simplified acquisition threshold (currently set at \$250,000). Grantors and grantees of this grant must also ensure that all contracts (including purchase orders) subject to BABAA include a required contract clause and self-certification of compliance pursuant to [FEMA Interim Policy #207-22-0001: Buy America Preference in FEMA Financial Assistance Programs for Infrastructure](#).

Contractors and their subcontractors who apply or bid for an award for an infrastructure project subject to the domestic preference requirement in BABAA shall file the required certification to the non-federal entity with each bid or offer for an infrastructure project unless a domestic preference requirement is waived by FEMA. Contractors and subcontractors certify that no federal financial assistance funding for infrastructure projects will be provided unless all the iron, steel, manufactured projects, and construction materials used in the project are produced in the United States. BABAA, Pub. L. No. 117-58, §§ 70901-52. Contractors and subcontractors shall also disclose any use of federal financial assistance for infrastructure projects that does not ensure compliance with BABAA domestic preference requirement. Such disclosures shall be forwarded to the grantor who, in turn, will forward the disclosures to FEMA, the federal awarding agency; grantees will forward disclosures to the pass-through entity, who will, in turn, forward the disclosures to FEMA.

See [2 CFR Part 184](#) for BABAA requirements.

14. Grantee Monitoring

[Grantee Monitoring](#) – The linked document explains NCDPS/NCEM monitoring for all SLCGP grantees and is incorporated by reference into this MOA.

15. Points of Contact

To provide consistent and effective communication between GRANTOR and GRANTEE, each party shall appoint a Principal Representative(s) to serve as its central point of contact responsible for coordinating and implementing this MOA. The Department of Public Safety, North Carolina Emergency Management contacts shall be NCEM Preparedness Grants Management Branch and NCEM Regional Branch Office. GRANTEE's contact shall be the person(s) designated by the GRANTEE in [Salesforce](#). GRANTEE is required to keep GRANTOR informed and [Salesforce](#) updated if there are any changes in POC over the course of the period of performance.

All confidential information of either party disclosed to the other party in connection with the services provided hereunder will be treated by the receiving party as confidential and restricted in its use to only those uses contemplated by the terms of this MOA. Any information to be treated as confidential must be clearly marked as confidential prior to transmittal to the other party. Neither party shall disclose to third parties, the other party's confidential information without written authorization to do so from the other party. Specifically excluded from such confidential treatment shall be information that:

- A. As of the date of disclosure and/or delivery, is already known to the party receiving such information.
- B. Is or becomes part of the public domain, through no fault of the receiving party.
- C. Is lawfully disclosed to the receiving party by a third party who is not obligated to retain such information in confidence.
- D. Is independently developed at the receiving party by someone not privy to the confidential information.

16. Public Records Access

While this information under federal control is subject to requests made pursuant to the Freedom of Information Act (FOIA), 5 U.S.C. §552 et. seq., all determinations concerning the release of information of this nature are made on a case-by-case basis by the FEMA FOIA Office.

Information maintained by GRANTOR in connection with this MOA and grant award is subject to the [North Carolina Public Records Act](#), Chapter 132 of the North Carolina General Statutes and is subject to [public records requests](#) through NCDPS.

17. Contracting/Subcontracting

If GRANTEE contracts/subcontracts any or all purchases or services under this MOA, then GRANTEE agrees to include in the contract/subcontract that the contractor/subcontractor is bound by the terms and conditions of this MOA. GRANTEE and any contractor/subcontractor agree to include in the contract/subcontract that the contractor/subcontractor shall hold NCEM harmless against all claims of whatever nature arising out of the contractor/subcontractor's performance of work under this MOA. **If GRANTEE contracts/subcontracts any or all purchases or services required under this MOA, a copy of the executed contract/subcontract agreement must be submitted to NCEM along with the RFR in accordance with GRANTEE Responsibilities in paragraph 7**



above. A contractual arrangement shall in no way relieve GRANTEE of its responsibilities to ensure that all funds issued pursuant to this grant be administered in accordance with all state and federal requirements. GRANTEE is bound by all special conditions of this grant award as set out in the grant application and the grant award letter Subaward Agreement incorporated by reference herein, as well as all terms, conditions and restrictions of the FY2024 SLCGP [NOFO](#) referenced herein.

**18. Antitrust Laws**

All signatories of this MOA will comply with all applicable state and federal antitrust laws.

**19. Prohibition on purchasing certain telecommunications - [John S. McCain National Defense Authorization Act for Fiscal Year 2019](#)** – John S. McCain National Defense Authorization Act of Fiscal Year 2019

Grantors, grantees, and their contractors and subcontractors are subject to the prohibitions described in section 889 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019, Pub. L. No. 115-232 (2018) and **2 C.F.R. §§200.216, 200.327, 200.471, and Appendix II to 2 C.F.R. Part 200**. The statute – as it applies to DHS grantors, grantees, and their contractors and subcontractors – prohibits obligating or expending federal award funds on certain telecommunications and video surveillance products and contracting with certain entities for national security reasons.

**Definitions**

Per section 889(f)(2)-(3) of the FY 2019 NDAA and [2 C.F.R. § 200.216](#), 200.327, 200.471, and Appendix II to 2 C.F.R. Part 200 covered telecommunications equipment or services means:

- A. Telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation, (or any subsidiary or affiliate of such entities).
- B. For the purpose of public safety, security of Government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
- C. Telecommunications or video surveillance services provided by such entities or using such equipment; or
- D. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the People's Republic of China.

Examples of the types of products covered by this prohibition include phones, internet, video surveillance, and cloud servers when produced, provided, or used by the entities listed in the definition of “covered telecommunications equipment or services.” See 2 C.F.R. § 200.471.

Guidance is available in [FEMA Policy #405-143-1](#), Prohibitions on Expending FEMA Award Funds for Covered Telecommunications Equipment or Services issued May 10, 2022.

**20. Divestment and Do-Not-Contract Rules**

The State of North Carolina, through the Department of State Treasurer, follows several divestment and do-not-contract mandates. Information about each of these mandates is available at: <https://www.nctreasurer.com/about/transparency/commitment-transparency/divestment-and-do-not-contract-rules>.

GRANTEE may not contract with any vendors on any of these designated divestment and do-not-contract lists using SLCGP grant funds, and GRANTEE must comply with all other requirements of these divestment and do-not-contract laws.

**21. Acknowledgement of Federal Funding from DHS**

Grantees must acknowledge their use of federal funding when issuing statements, press releases, requests for proposal, bid invitations, and other documents describing projects or programs funded in whole or in part with federal funds.

**22. Lobbying Prohibition**

GRANTEE certifies, to the best of its knowledge and belief, that:

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person or employee of any state or federal agency, a member of the NC General Assembly, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.
- C. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all grantees shall certify and disclose accordingly.

This certification is a material representative of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**23. Assurance of Compliance with Civil Rights Act of 1964 – Title VI, Civil Rights Act of 1968, and Related Provisions**

During the performance of this agreement, GRANTEE for itself, its assignees and successors in interest agrees as follows:

- A. [Age Discrimination Act of 1975](#)  
Grantees must comply with the requirements of the Age Discrimination Act of 1975, Public Law 94-135 (1975) (codified as amended at Title 42, U.S. Code, section 6101 et seq.), which prohibits discrimination on the basis of age in any program or activity receiving federal financial assistance.
- B. [Americans with Disabilities Act of 1990](#)  
Grantees must comply with the requirements of Titles I, II, and III of the Americans with Disabilities Act, Pub. L. 101-336 (1990) (codified as amended at 42 U.S.C. sections 12101 - 12213), which prohibits grantees from discriminating on the basis of disability in the operation of public entities, public and private transportation systems, places of public accommodation, and certain testing entities.
- C. [Civil Rights Act of 1964 - Title VI](#)  
Grantees must comply with the requirements of Title VI of the Civil Rights Act of 1964, Pub. L. No. 88-352 (codified as amended at 42 U.S.C. § 2000d et seq.), which provides that no person in the United States will, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. DHS implementing regulations for the Act are found at 6 C.F.R. Part 21. Grantees of an award from the Federal Emergency Management Agency (FEMA) must also comply with FEMA’s implementing regulations at 44 C.F.R. Part 7.
- D. [Civil Rights Act of 1968](#)  
Grantees must comply with Title VIII of the Civil Rights Act of 1968, Pub. L. 90-284, as amended through Pub. L. 113-4, which prohibits grantees from discriminating in the sale, rental, financing, and advertising of dwellings, or in the provision of services in connection therewith, on the basis of race, color, national origin, religion, disability, familial status, and sex (see 42 U.S.C. section 3601 et seq.), as implemented by the U.S. Department of Housing and Urban Development at 24 C.F.R. Part 100. The prohibition on disability discrimination includes the requirement that new multifamily housing with four or more dwelling units - i.e., the public and common use



- areas and individual apartment units (all units in buildings with elevators and ground-floor units in buildings without elevators) - be designed and constructed with certain accessible features. (See 24 C.F.R. Part 100, Subpart D.)
- E. Education Amendments of 1972 (Equal Opportunity in Education Act) - Title IX  
Grantees must comply with the requirements of Title IX of the Education Amendments of 1972, Pub. L. 92-318 (1972) (codified as amended at 20 U.S.C. section 1681 et seq.), which provide that no person in the United States will, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving federal financial assistance. DHS implementing regulations are codified at 6 C.F.R. Part 17 and 44 C.F.R. Part 19.
- F. Limited English Proficiency (Civil Rights Act of 1964 - Title VI)  
Grantees must comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) prohibition against discrimination on the basis of national origin, which requires that grantees of federal financial assistance take reasonable steps to provide meaningful access to persons with limited English proficiency (LEP) to their programs and services. For additional assistance and information regarding language access obligations, please refer to the DHS Recipient Guidance: <https://www.dhs.gov/guidance-published-help-department-supported-organizations-provide-meaningful-access-people-limited> and additional resources on <http://www.lep.gov>.
- G. Nondiscrimination in Matters Pertaining to Faith-Based Organizations  
It is DHS policy to ensure the equal treatment of faith-based organizations in social service programs administered or supported by DHS or its component agencies, enabling those organizations to participate in providing important social services to beneficiaries. Grantees must comply with the equal treatment policies and requirements contained in 6 C.F.R. Part 19 and other applicable statutes, regulations, and guidance governing the participations of faith-based organizations in individual DHS programs.
- H. Rehabilitation Act of 1973  
Grantees must comply with the requirements of Section 504 of the Rehabilitation Act of 1973, Pub. L. 93-112 (1973) (codified as amended at 29 U.S.C. section 794), which provides that no otherwise qualified handicapped individuals in the United States will, solely by reason of the handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance
- I. Whistleblower Protection Act  
Grantees must comply with the statutory requirements for whistleblower protections at 10 U.S.C § 470141 U.S.C. § 4712.
- 24. Assurance of Compliance with Privacy Act**  
Grantee agrees:
- A. To comply with the provisions of the Privacy Act of 1974, 5 U.S.C. §552A and regulations adopted there under, when performance under the program involves the design, development, or operation of any system or records on individuals to be operated by the Grantee, its third-party grantees, contractors, or their employees to accomplish a DHS function.
- B. To notify DHS when the Grantees or any of its third-party contractors, subcontractors, grantees, or their employees anticipate a system of records on behalf of DHS in order to implement the program, if such system contains information about individuals name or other identifier assigned to the individual. A system of records subject to the Act may not be used in the performance of this MOA until the necessary and applicable approval and publication requirements have been met.
- C. To include in every solicitation and in every third-party contract, sub-grant, and when the performance of work, under that proposed third-party contract, sub-grant, or sub-agreement may involve the design, development, or operation of a system of records on individuals to be operated under that third-party contract, sub grant, or to accomplish a DHS function, a Privacy Act notification informing the third party contractor, or grantee, that it will be required to design, develop, or operate a system of records on individuals to accomplish a DHS function subject to the Privacy Act of 1974, 5 U.S.C. §552a, and applicable DHS regulations, and that a violation of the

- Act may involve the imposition of criminal penalties; and
- D. To include the text of Sections 30 parts A through C in all third-party contracts, and subgrants under which work for this MOA is performed or which is awarded pursuant to this MOA, or which may involve the design, development, or operation of a system of records on behalf of the DHS.
- 25. Best Practices for Collection and Use of Personally Identifiable Information**  
Grantees who collect personally identifiable information (PII) are required to have a publicly available privacy policy that describes standards on the usage and maintenance of the PII they collect. DHS defines PII as any information that permits the identity of an individual to be directly or indirectly inferred, including any information that is linked or linkable to that individual. Grantees may also find the DHS Privacy Impact Assessments: Privacy Guidance and Privacy Template as useful resources respectively.
- 26. Certification Regarding Drug-Free Workplace Requirements (Grantees Other Than Individuals)**  
Grantees must comply with drug-free workplace requirements in Subpart B (or Subpart C, if the grantees is an individual) of 2 C.F.R. Part 3001, which adopts the Governmentwide implementation (2 C.F.R. Part 182) of Sec. 5152-5158 of the Drug-Free Workplace Act of 1988 (41 U.S.C. §§ 8101-8106).
- 27. Term of this Agreement**  
Regardless of actual execution date, this MOA shall be in effect from the start of the POP on 12/13/2024 to the end of the POP.
- 28. Statement of OMB Assurances**  
GRANTEE must complete either Office of Management and Budget (OMB) Standard Form 424B Assurances – Non-Construction Programs, or OMB Standard Form 424D Assurances – Construction Programs, or both, as applicable.
- A. Grantees that only have construction work and do not have any non-construction work need only submit the construction form (i.e., SF-424D) and not the non-construction form (i.e., SF-424B), and vice versa. However, grantees who have both construction and non-construction work under this grant must submit both the construction and non-construction forms.
- B. GRANTEE must complete the appropriate form(s) and Salesforce Chatter the form(s) to their NCEM grants manager(s) upon execution of this MOA. GRANTEE must still complete the appropriate form(s) even if certain assurances in the form may not directly apply to GRANTEE's specific program to ensure that all possible situations are covered.
- 29. Situs**  
This MOA shall be governed by the laws of North Carolina and any claim for breach or enforcement shall be filed in State Court in Wake County, North Carolina.
- 30. Other Provisions/Severability**  
Nothing in this MOA is intended to conflict with current federal, state, local, or tribal laws or regulations. If a term of this MOA is inconsistent with such authority, then that term shall be invalid, but the remaining terms and conditions of this MOA shall remain in full force and effect.
- 31. Entire Agreement**  
This MOA and any annexes, exhibits and amendments annexed hereto, and any documents incorporated specifically by reference represent the entire agreement between the parties and supersede all prior oral and written statements or agreements.
- 32. Modification**  
This MOA may be amended only by written amendments duly executed by GRANTOR and GRANTEE.
- 33. Termination**  
The terms and conditions of this MOA, as modified with the consent of all parties, will remain in effect until POP end date. Either party upon thirty days advance written notice to the other party may terminate this MOA. Upon approval by DHS, FEMA, and the issuance of the Grant Adjustment Notice, if this MOA is extended, the termination date for the extension will be the date listed in the applicable DHS, Grant Adjustment Notice, incorporated by reference

herein. If DHS suspends or terminates funding in accordance with 2 CFR 200.340 and the FY2024 SLCGP [NOFO](#), incorporated by reference herein, GRANTEE shall reimburse NCEM for said property and/or expenses.

34. Compliance

GRANTEE shall comply with applicable federal, state, local and/or tribal statutes, regulations, ordinances, licensing requirements, policies, guidelines, reporting requirements, certifications, and other regulatory matters for the conduct of its business and purchase requirements performed under this MOA. This includes all requirements contained in the FY2024 SLCGP [NOFO](#). GRANTEE shall be wholly responsible for the purchases made under this MOA and for the supervision of its employees and assistants.

Failure to comply with the specified terms and conditions of this MOA may result in the return of funds and any other remedy for noncompliance specified in 2 CFR 200.339, and/or termination of the award per 2 CFR 200.340. Additional conditions may also be placed upon GRANTEE for noncompliance with the specified terms and conditions of this MOA, including (but not limited to) additional monitoring.

See [Grantee Monitoring](#) - explains NCDPS/NCEM monitoring for all EMPG, HSGP, NSGP, SLCGP, EOCGP, HMEP, Tier II & CBCG grantees.

35. Execution and effective date

This grant shall become effective upon return of the original grant award letter and MOA, properly executed on behalf of GRANTEE, to NCEM on behalf of GRANTOR and will become binding upon execution of all parties to this MOA. The conditions of this MOA are effective upon signature by all parties.

This MOA shall be in effect from start of POP on 12/13/2024 through end of POP. Failure to provide applicable reimbursement request(s), proofs of payment and/or a deobligation request letter within 30 days of the end of the POP may result in automatic deobligation of grant funds.

36. Attachments

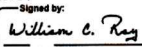
All attachments to this MOA are incorporated as if set out fully herein.

- A. In the event of any inconsistency or conflict between the language of this MOA and the attachments hereto, the language of such attachments shall be controlling, but only to the extent of such conflict or inconsistency.
- B. All references in this MOA to the [DHS Standard Terms and Conditions](#) are to **Version 3 of the FY24 DHS Terms and Conditions dated 04/4/24**. These provisions are incorporated by reference in this MOA and must be followed by GRANTEE as applicable.
- C. This MOA includes the following attachments or documents incorporated by reference as if fully set out herein:
  - Attachment 1 - Scope of Work / Approved Application and associated Budget in [Salesforce](#): App-0000803
  - Attachment 2 - FY24 [DHS Standard Terms and Conditions](#)

AUTHORIZED SIGNATURE WARRANTY

The undersigned represent and warrant that they are duly authorized to bind their respective principals to the terms of this Memorandum of Agreement (MOA). In witness whereof, the Grantor and Grantee have each executed this MOA, and the parties agree that it shall be effective as of the POP (Period of Performance) start date, regardless of the actual date of signature by any party.

For RECIPIENT:

By:  Date: 11/12/2025  
William C. Ray, Director & Deputy  
Homeland Security Advisor  
North Carolina Department of Public Safety  
Division of Emergency Management

For GRANTEE:

By:  Date: 12/01/2025  
Chairman  
Duplin County Board of Commissioners

By: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved as to Form:

By:  Date: 11/10/2025  
William Polk, Deputy General Counsel  
Reviewed for the North Carolina  
Department of Public Safety to fulfill the  
purposes of the FY24 State and Local  
Cybersecurity Grant Program (SLCGP)



THE **ADAMS COMPANY** INC.  
ENGINEERING AND DESIGN  
Firm License No. C-4438  
708 Abner Phillips Road | Warsaw, NC 28398 | (910) 293-2770

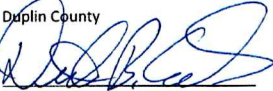
MEMO

To: Chris Hatcher  
From: Tammy Daniels  
Subject: Recommendation of Award (Surveying Services)  
2024 Duplin County CDBG-NR  
Date: November 21, 2025

Quotes were received on November 21, 2025 for surveying services for Duplin County's CDBG-NR Program. The following companies submitted their prices to perform the needed surveying services for the County's project:

| Company Name                   | Services Needed           | Price Per Property |
|--------------------------------|---------------------------|--------------------|
| Johnny Williams Land Surveying | Locating Property Corners | \$1,300.00         |
| P.O. Box 778                   | Property Description      | <u>\$ 200.00</u>   |
| Beulaville, NC 28518           |                           | \$1,500.00         |
| Willie Miller Land Surveyor    | Locating Property Corners | \$1,800.00         |
| 197 Ottis Miller Rd            | Property Description      | <u>\$ 200.00</u>   |
| Beulaville, NC 28518           |                           | \$2,000.00         |

My office recommends that surveying services be awarded to Johnny Williams Land Surveying at a cost of \$1,500.00 per property. Please confirm acceptance of this recommendation by signature below.

Duplin County  
  
County Representative

12/01/2025  
Date

C:\AdamsCO Synology\Project Folders\CDBG-NR\Duplin County 2024 CDBG-NR\Procurement\Survey\DC24 CDBG-NR Memo Survey Procurement.docx

THE **ADAMS COMPANY** INC.  
ENGINEERING AND DESIGN  
Firm License No. C-4438  
708 Abner Phillips Road | Warsaw, NC 28398 | (910) 293-2770

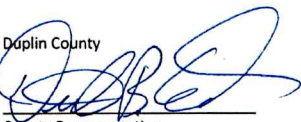
MEMO

To: Chris Hatcher  
From: Tammy Daniels  
Subject: Recommendation of Award (Asbestos Services)  
2024 Duplin County CDBG-NR  
Date: November 21, 2025

Quotes were received on November 21, 2025 for asbestos services for Duplin County's CDBG-NR Program. The following companies submitted their prices to perform the needed asbestos services for the County's project:

| Company Name                         | Services Needed       | Price Per Property |
|--------------------------------------|-----------------------|--------------------|
| Keenan Construction & Consulting Co. | Asbestos Inspection   | \$625.00           |
| 542 Long Leaf Acres Dr               | Clearance Insp/Letter | <u>\$100.00</u>    |
| Wilmington, NC 28405                 |                       | \$725.00           |
| East Coast Environmental, P.A        | Asbestos Inspection   | \$590.00           |
| 3815 Junction Blvd                   | Clearance Insp/Letter | <u>\$400.00</u>    |
| Raleigh, NC 27603                    |                       | \$990.00           |

My office recommends that asbestos services be awarded to Keenan Construction & Consulting at a cost of \$725 per property. Please confirm acceptance of this recommendation by signature below.

Duplin County  
  
County Representative

12/01/2025  
Date

C:\AdamsCO Synology\Project Folders\CDBG-NR\Duplin County 2024 CDBG-NR\Procurement\Asbestos\DC24 CDBG-NR Memo Asbestos Procurement.docx

MEMO

To: Chris Hatcher

From: Tammy Daniels

Subject: Recommendation of Award (Legal Services)  
2024 Duplin County CDBG-NR

Date: November 21, 2025

Quotes were received on November 21, 2025 for legal services for Duplin County's CDBG-NR Program. The following firms submitted their prices to perform the needed legal services for the County's project:

| Company Name                                                                      | Services Needed         | Price Per Property |
|-----------------------------------------------------------------------------------|-------------------------|--------------------|
| Mewborn & Deselms Attorneys at Law<br>829 Gum Branch Rd<br>Jacksonville, NC 28540 | 30-Year<br>Title Search | \$750.00           |
| Burrows and Hall, PA<br>317 N Norwood St<br>Wallace, NC 28466                     | 30-Year<br>Title Search | \$750.00           |

My office recommends that legal services be awarded to Mewborn & Deselms Attorney at Law at a cost of \$750 per title search. This recommendation comes from an already established working relationship between the Firm and County. Please confirm acceptance of this recommendation by signature below.

Duplin County



County Representative

12/01/2025

Date

C:\AdamsCO Synology\Project Folders\CDBG-NR\Duplin County 2024 CDBG-NR\Procurement\Legal\Dec24 CDBG-NR Memo Legal Procurement.docx

## Duplin County Public Records Request & Transparency Policy

### Purpose

This policy establishes procedures for requesting and obtaining public records from Duplin County in accordance with *North Carolina General Statutes Chapter 132*, the North Carolina Public Records Act.

### Policy Statement

Duplin County is committed to transparency, which protects the County's reputation and strengthens public confidence. For our citizens, transparency is empowerment—it means having a voice that matters and access to the information needed to advance the County's interests and ensure our leaders act accordingly.

Transparency fosters civic pride and encourages citizen participation. It shifts the burden of oversight from individuals to systems, embedding accountability into every layer of governance. When the public can see how decisions are made and funds are spent, it minimizes speculation, defuses controversy, and allows leaders to focus on strategies for best serving the people of our County.

### Definitions

**Public Record:** Any document, paper, letter, map, book, photograph, film, sound recording, magnetic or other tape, electronic data-processing record, artifact, or other documentary material—regardless of physical form—made or received in connection with public business by any North Carolina government agency or subdivision.

**Custodian:** The county official or department head responsible for maintaining specific public records.



How to Request Public Records

Submitting a Request

- *Departments under the County Manager:* Requests are processed by the **Clerk to the Board of County Commissioners**.
- *Independent Offices (e.g., Sheriff, Register of Deeds, Board of Elections):* Requests must be submitted directly to those officials.

Submission Methods

- **In Person:** Duplin County Administrative Building, 224 Seminary Street, Kenansville, NC 28349
- **By Mail:** Duplin County Clerk to the Board, P.O. Box 950, Kenansville, NC 28349
- **By Email:** [publicrecordsrequest@duplinnc.gov](mailto:publicrecordsrequest@duplinnc.gov)

*Note: Requests will not be accepted by phone.*

Request Requirements

Requests should include:

1. Requester’s name and contact information
2. Clear description of the records sought (be as specific as possible)
3. Preferred format (paper, electronic, or inspection only)
4. Date range of records, if applicable

Response Timeline

Initial Response

Within **3 business days**, the County will provide:

- Acknowledgment of receipt
- Estimated costs (if fees exceed \$25)

Processing Timeline

| Request Type | Description                                     | Estimated Time      |
|--------------|-------------------------------------------------|---------------------|
| Simple       | Readily available records, minimal review       | 5–10 business days  |
| Moderate     | Multiple documents, some review required        | 10–15 business days |
| Complex      | Extensive review, multiple departments involved | 15–20 business days |
| Voluminous   | Extremely large requests                        | Negotiated timeline |

*Rolling production may be offered for large requests.*

Factors Affecting Timeline

- Volume and complexity
- Legal review requirements
- Redaction needs
- Multi-department involvement
- Current workload and staffing

Fees and Charges

Inspection

- Free during regular business hours at County offices

Copies

- Paper: \$0.10 per page (standard letter/legal size)
- Electronic: No cost for email or download link

**Staff Time**

- Special services (e.g., extensive clerical or IT work): \$25/hour
- Specialized staff: Charged at actual hourly rate

*Payment is required before records are released.  
Accepted methods: cash, check, money order*

---

**Exemptions and Redactions**

Certain records may be exempt from disclosure, including:

- Personnel and medical records
- Ongoing criminal investigations
- Attorney-client privileged communications
- Social security numbers and personal identifiers
- Records involving minors
- Trade secrets and confidential business information
- Security and emergency response plans

*Exempt portions will be redacted; the remainder will be released.*

---

**Inspection of Records**

- Hours: Monday–Friday, 8:00 AM – 5:00 PM (excluding holidays)
- Location: At the office where records are maintained
- Supervision: County staff will be present
- Restrictions: No altering, marking, or removing records
- Photos: Allowed with custodian’s permission

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**Denial of Requests**

If a request is denied, the County will provide:

- A written explanation citing legal authority
- Information about the appeal process

---

**Appeal Process**

If denied, the requester may:

1. Request review by the **County Manager** or **County Attorney**
2. File a complaint in **Duplin County Superior Court** seeking a writ of mandamus

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**Electronic Records**

Electronic records are subject to the same disclosure rules as paper records. The County will provide them in the requested format if readily available. If conversion or special programming is required, actual costs may apply.

---

**Contact Information**

**Duplin County Clerk to the Board**  
224 Seminary Street  
Kenansville, NC 28349  
Phone: (910) 296-2100  
Email: [publicrecordsrequest@duplinnc.gov](mailto:publicrecordsrequest@duplinnc.gov)

**Business Hours**  
Monday – Friday: 8:00 AM – 5:00 PM  
Closed on County Holidays

---

Adopted this 1<sup>st</sup> day of December, 2025 by the Duplin County Board of Commissioners.

  
Dexter B. Edwards  
Chairman



DUPLIN COUNTY ADDRESSING DEPARTMENT  
209 SEMINARY ST / PO BOX 950  
KENANSVILLE NC 28349

  
DUPLIN COUNTY

**ROAD NAME PETITION for UNNAMED ROAD**

1. **APPLICANT INFORMATION:** Name: Teresa Bell  
Address: 2290 Hallsville Rd.  
City/State/Zip: Bearsville N.C. 28518  
Telephone: Work: 910-282-5315 Home: \_\_\_\_\_

2. **MAIL DETERMINATION TO (if different than applicant information):**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

3. **ROAD LOCATION:** Township Limestone Range \_\_\_\_\_  
DESCRIPTION: @ 2290 Hallsville Rd (q) Bearsville

4. **PARCEL TAX-ID:** 07-467--

5. **PROPOSED ROAD NAME:** Lula Lane  
**BACKUP NAME 1:** Lula's Lane  
**BACKUP NAME 2:** 01 Lula Lane  
(NAME SHOULD BE LESS THAN 13 LETTERS)

6. **SIGNATURES OF PROPERTY OWNERS WHO ADJOIN OR ACCESS THIS ROAD AS LISTED BY DUPLIN TAX OFFICE:**  
**PARCEL NUMBER:** 07-467--  
07-467--  
**PARCEL OWNER NAME PRINT AND SIGNATURE and Phone Number**  
Teresa Bell Terin Bell 910-282-5315  
\_\_\_\_\_  
\_\_\_\_\_

The applicant hereby certifies that the signatures on this petition constitute the required amount of the landowners accessing or adjoining the road to be named by this petition.

**Applicant's Signature:** Teresa Bell



Fire Department Approval:

Signature: Asst Chief [Signature]

Print or type name: Shane Rhodes

Department Name: Bentleyville VFD

Date: 11/14/25

USPS Approval:

Signature: [Signature]

Print or type name: Terrell Cline

Department Name: Bentleyville USPS

Date: 10/14/2025

Landowners, please know that if you use the 911 address assigned for your residence to receive mail that your address WILL change. You will need to notify mortgage, financial, insurance and any other company that sends you bills, important information, DMV, and other institutions you may use. We will notify USPS and update the E911 System and the county tax records.

DUPLIN COUNTY ADDRESSING DEPARTMENT  
209 SEMINARY ST / PO BOX 950  
KENANSVILLE NC 28349



ROAD NAME PETITION for UNNAMED ROAD

1. APPLICANT INFORMATION:

Name: TOWN OF WALLACE

Address: 316 EAST MURRAY STREET

City/State/Zip: WALLACE NC 28466

Telephone: Work: 910-285-4136 Home: NA

2. MAIL DETERMINATON TO (If different than applicant information):

Name: SAME

Address:

City/State/Zip:

3. ROAD LOCATION: Township WALLACE Range

DESCRIPTION: REQUEST TO RENAME MEDICAL VILLAGE DRIVE\_AS NEW WALLACE TOWN HALL  
WILL MOVE TO THE EXISTING BUILDING LOCATED THERE

4. PARCEL TAX-ID: 09-7029

5. PROPOSED ROAD NAME: MUNICIPAL DRIVE

BACKUP NAME 1: GOVERNMENT DRIVE

BACKUP NAME 2: CIVIC DRIVE  
(NAME SHOULD BE LESS THAN 13 LETTERS)



6. SIGNATURES OF PROPERTY OWNERS WHO ADJOIN OR ACCESS THIS ROAD AS LISTED BY DUPLIN TAX OFFICE:

| PACEL NUMBER: | PARCEL OWNER NAME PRINT AND SIGNATURE                    |
|---------------|----------------------------------------------------------|
| 09-7029       | TOWN OF WALLACE <u>Robert C. Taylor</u>                  |
| 09-E118       | TOWN OF WALLACE <u>Robert C. Taylor</u>                  |
| 09-1598       | GOUDARZI WALLACE PROJECT LLC <u>Tony Goudarzi</u>        |
| 09-1596       | WALLACE FUNERAL HOME HOLDING: <u>Chris Debnam, Owner</u> |

The applicant hereby certifies that the signatures on this petition constitute the required amount of the landowners accessing or adjoining the road to be named by this petition.

Applicant's Signature: [Signature]

PETITION OF PROPERTY OWNERS

| Parcel  | Owner                         | Name/Title/Signature        |
|---------|-------------------------------|-----------------------------|
| 09-7029 | Town of Wallace               | <u>Robert C. Taylor</u>     |
| 09-E118 | Town of Wallace               | <u>Robert C. Taylor</u>     |
| 09-1596 | Wallace Funeral               | <u>Chris Debnam, Owner</u>  |
| 09-1598 | Goudarzi Wallace Project, LLC | <u>Tony Goudarzi, Owner</u> |

Lessees of Goudarzi Wallace Project, LLC – 112 Medical Village Drive

Unit F House of Raeford Health & Wellness Center

Dorel M Ricci MD Dorel M Ricci MD  
NAME/TITLE Signature

Unit B Revive Physical Therapy

Horace Pigford Jr. Physical Therapist Horace Pigford Jr.  
NAME/TITLE Signature

Unit C Wallace License Plate Office

Cecilia Robinson Office Manager  
NAME/TITLE Signature

Unit D KidzCare Pediatrics

Angela Stealer Office Manager Angela Stealer  
NAME/TITLE Signature

Unit E First Star Nails 2

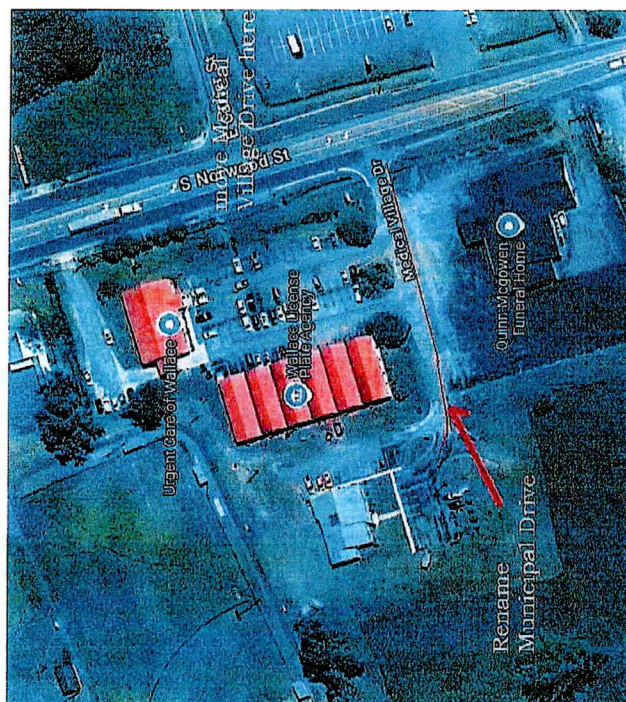
[Signature] Angela Stealer  
NAME/TITLE Signature

Unit A Speech and Language Rehabilitation Services

Shanna Raynor, MS, CCC-SLP Shanna Raynor  
NAME/TITLE Signature

Unit G Wallace Urgent Care

Travis Gombosi / owner clinic  
NAME/TITLE Signature





AGENDA

# 2026 Refunding LOB – Summary of Financing Proposals

Duplin County, North Carolina



December 1, 2025



## Overview | Potential Refinancing of 2016 LOBs



- The County’s \$52,640,000 Series 2016 Limited Obligation Bonds (“2016 LOBs”) were issued on April 20, 2016 to provide funds for improvements of six existing County public schools.
- The 2016 LOBs are eligible for optional redemption beginning on April 1, 2026 and can be currently refunded up to 90 days prior:
  - Call Date: April 1, 2026
  - Call Price: 100%
  - Callable Par Amount: \$32,360,000
  - Callable Interest Rate Range: 3.00% - 5.00%
- Certain of these maturities are potential refunding candidates as further detailed in Appendix A.
- As directed by the Board, Davenport distributed an RFP for a direct bank loan financing, and on the following pages, we have summarized the five proposals we received for a refinancing of the 2016 LOBs compared to a hypothetical public sale.

Bank Loan RFP Overview



- An RFP for a Direct Bank Loan financing was distributed on September 26, 2025 to over 50 National, Regional, and Local lending institutions to refinance a portion of the County’s 2016 LOBs.
- After the initial distribution, Davenport reached out to the potential bidders to assess their interest in the financing and address any questions they had.
- Responding institutions were asked to provide proposals for a Limited Obligation Bond (the “2026 LOB”) with a par amount of approximately \$21,523,000 and an 8-year term to be delivered on a parity basis with the unrefunded maturities of the 2016 LOBs.
- On October 17<sup>th</sup>, the County received five proposals from the following banks:
  - Capital One Public Funding (“COPF”)
  - JPMorgan Chase Bank, N.A. (“Chase”)
  - Truist Bank (“Truist”)
  - Webster Bank N.A. (“Webster”)
  - Wells Fargo N.A. (“Wells Fargo”)
- A summary of all proposals received is shown on page 4.

Summary of Proposals



As of November 20, 2025

| A                                       | B                                                     | C                                                                                                                                 | D                                                                                         | E                                                                                                     | F                                                                                                                    | G                                                                            |
|-----------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Lender                                  |                                                       |                                                                                                                                   |                                                                                           |                                                                                                       |                                                                                                                      | Estimated Public Sale*<br>Market Rates as of<br>November 20, 2025            |
| 1 Interest Rate                         | 3.47%                                                 | 3.43%                                                                                                                             | 3.67%                                                                                     | 3.64%                                                                                                 | 3.93%                                                                                                                | 2.98%                                                                        |
| 2 Acceptance / Rate<br>Expiration       | Rate can be locked up to 45<br>days prior to closing. | The County can enter into a<br>Rate Lock Agreement with the<br>bank after receiving the<br>required approvals to move<br>forward. | Rate is locked through January<br>9, 2026, if accepted by<br>December 2, 2025.            | Rate is locked through January<br>6, 2026, if accepted by<br>December 2, 2025.                        | The rate can be locked once<br>COPF receives final debt<br>service schedule and a firm<br>closing date.              | Rates locked at pricing in Mid-<br>March assuming an Early April<br>Closing. |
| 3 Prepayment Language                   | No call option.                                       | Make-whole call.                                                                                                                  | Prepayable in whole or in part<br>in Year 1 at 105%, declining<br>1% annually thereafter. | Prepayable in whole on any<br>payment date in Year 3 at<br>102%, declining 1% annually<br>thereafter. | Prepayable in whole or in part<br>at any time starting 1/2/27 at<br>102%, declining 0.5%<br>periodically thereafter. | Non-Callable                                                                 |
| 4 Estimated Debt<br>Service Savings*    | \$1,165,132                                           | \$1,144,011                                                                                                                       | \$976,174                                                                                 | \$944,080                                                                                             | \$658,144                                                                                                            | \$1,431,500                                                                  |
| 5 Estimated Present<br>Value Savings %* | 4.86%                                                 | 4.77%                                                                                                                             | 4.03%                                                                                     | 3.91%                                                                                                 | 2.71%                                                                                                                | 6.03%                                                                        |
| 6 Breakeven to Public<br>Sale*          | +28 bps                                               | +30 bps                                                                                                                           | +48 bps                                                                                   | +51 bps                                                                                               | +80 bps                                                                                                              | N/A                                                                          |

Note: Interest rates highlighted in red are indicative and subject to change. Capital One estimated as of 11/20/2025.  
\* Preliminary estimates. Subject to change. Estimated savings are shown net of assumed issuance costs for each option.



Refunding Summary | Chase Bank – Based on November 20<sup>th</sup> Estimated Rate



| A                            |                        | B                       | C              | D                       | E                             | F                   | G                          | H              |
|------------------------------|------------------------|-------------------------|----------------|-------------------------|-------------------------------|---------------------|----------------------------|----------------|
| Summary of Refunding Results |                        |                         | Annual Savings |                         |                               |                     |                            |                |
|                              |                        |                         | Year Ended     | Prior Bond Debt Service | Accrued Interest Contribution | Prior Net Cash Flow | Net Refunding Debt Service | Annual Savings |
| 1                            | Bonds Refunded         |                         |                |                         |                               |                     |                            |                |
| 2                            | Par Refunded           | \$ 21,240,000           | 6/30/2026      | \$ 531,000              | \$ (230,100)                  | \$ 300,900          | \$ 158,452                 | \$ 142,448     |
| 3                            | Coupon                 | 5.00%                   | 6/30/2027      | 3,657,000               | -                             | 3,657,000           | 3,520,561                  | 136,439        |
| 4                            | Call Date              | 4/1/2026                | 6/30/2028      | 3,657,250               | -                             | 3,657,250           | 3,519,442                  | 137,808        |
| 5                            | Call Price             | 100.00%                 | 6/30/2029      | 3,656,000               | -                             | 3,656,000           | 3,520,027                  | 135,974        |
| 6                            | Maturities Refunded    | 4/1/27 - 4/1/32, 4/1/34 | 6/30/2030      | 3,658,000               | -                             | 3,658,000           | 3,517,141                  | 140,859        |
|                              |                        |                         | 6/30/2031      | 3,657,750               | -                             | 3,657,750           | 3,520,786                  | 136,965        |
|                              |                        |                         | 6/30/2032      | 3,660,000               | -                             | 3,660,000           | 3,520,613                  | 139,387        |
| 7                            | Refunding Bonds        |                         | 6/30/2033      | 179,250                 | -                             | 179,250             | 121,624                    | 57,627         |
| 8                            | Bond Par Amount        | \$ 21,630,000           | 6/30/2034      | 3,764,250               | -                             | 3,764,250           | 3,626,624                  | 137,627        |
| 9                            | Final Maturity         | 4/1/2034                | Total          | \$ 26,420,500           | \$ (230,100)                  | \$ 26,190,400       | \$ 25,025,268              | \$ 1,165,132   |
| 10                           | True Interest Cost     | 3.47%                   |                |                         |                               |                     |                            |                |
| 11                           | All-In TIC             | 3.77%                   |                |                         |                               |                     |                            |                |
| 12                           | Arbitrage Yield        | 3.47%                   |                |                         |                               |                     |                            |                |
| 13                           | Savings                |                         |                |                         |                               |                     |                            |                |
| 14                           | Gross Savings          | \$ 1,165,132            |                |                         |                               |                     |                            |                |
| 15                           | Net PV Savings         | \$ 1,032,057            |                |                         |                               |                     |                            |                |
| 16                           | Net PV Savings %       | 4.86%                   |                |                         |                               |                     |                            |                |
| 17                           | Average Annual Savings | \$ 129,459              |                |                         |                               |                     |                            |                |

Note: Estimated savings results and debt service are based on Chase's quoted bank rate as of November 20<sup>th</sup>, 2025. Updated rate to be provided on December 1<sup>st</sup>.

- Notes / Assumptions:
- Analysis only includes select maturities which generate positive savings as highlighted in Appendix A.
  - Chase Bank indicative rate as of 11/20/2025; subject to change.
  - Assumes a closing date of 1/15/2026.
  - Savings net of estimated Fixed Costs of Issuance of \$250,000 and Bank Fees of \$15,000.
  - The solution is solving for level annual savings.
  - Present value savings calculated using estimated Arbitrage Yield.

Recommendation and Next Steps



- Recommendation
- Based upon our review of the proposals, related analyses, and discussions with County Staff and Bond Counsel, Davenport recommends that the County move forward with Chase Bank's proposal. Chase Bank provided a low interest rate (3.47%\*) that resulted in the best estimated savings of the bank proposals, an all-in interest rate that is comparable with the public market and the ability to lock in rates several months earlier than a public sale, and minimal additional real estate work.

| Date                                          | Task                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| November 3 <sup>rd</sup> at 6:00pm            | <ul style="list-style-type: none"><li>County Board of Commissioners Meeting<ul style="list-style-type: none"><li>County Board considers approval of Resolution Making Preliminary Findings and Authorizing Financing Application to LGC</li></ul></li></ul>                                    |
| December 1 <sup>st</sup> at 6:00pm            | <ul style="list-style-type: none"><li>County Board of Commissioners Meeting<ul style="list-style-type: none"><li>Public Hearing Held</li><li>County Board considers Selection of Winning Lender</li><li>County Board approves Financing Resolutions and forms of Documents</li></ul></li></ul> |
| January Timeframe                             | <ul style="list-style-type: none"><li>Close on 2026 Refunding Limited Obligation Bond</li></ul>                                                                                                                                                                                                |
| February 3 <sup>rd</sup><br>(To be confirmed) | <ul style="list-style-type: none"><li>Local Government Commission Meeting<ul style="list-style-type: none"><li>Information Item: Refunding Transaction Details</li></ul></li></ul>                                                                                                             |
| April 1 <sup>st</sup>                         | <ul style="list-style-type: none"><li>Redemption of 2016 LOBs</li></ul>                                                                                                                                                                                                                        |



# Appendix A

## Estimated Public Sale Savings by Maturity



## Refunding Savings by Maturity | All Callable Maturities

Estimated Market Rates as of November 20, 2025



| A             | B             | C            | D            | E = D/C      |
|---------------|---------------|--------------|--------------|--------------|
| Maturity Date | Interest Rate | Par Amount   | PV Savings   | PV Savings % |
| 4/1/2027      | 5.000%        | \$ 2,595,000 | \$ 8,188     | 0.32%        |
| 4/1/2028      | 5.000%        | 2,725,000    | 66,479       | 2.44%        |
| 4/1/2029      | 5.000%        | 2,860,000    | 130,035      | 4.55%        |
| 4/1/2030      | 5.000%        | 3,005,000    | 199,806      | 6.65%        |
| 4/1/2031      | 5.000%        | 3,155,000    | 264,283      | 8.38%        |
| 4/1/2032      | 5.000%        | 3,315,000    | 324,223      | 9.78%        |
| 4/1/2033      | 3.000%        | 3,480,000    | (50,831)     | -1.46%       |
| 4/1/2034      | 5.000%        | 3,585,000    | 436,461      | 12.17%       |
| 4/1/2035      | 3.000%        | 3,765,000    | (109,320)    | -2.90%       |
| 4/1/2036      | 3.125%        | 3,875,000    | (115,693)    | -2.99%       |
| Total         |               | \$32,360,000 | \$ 1,153,632 | 3.56%        |

Note: Present value savings calculated using estimated Arbitrage Yield.

- 0 - 3% PV Savings
- > 3% PV Savings







# Appendix B

## Prior Bond Debt Service

## Prior Bond Debt Service



| Date      | Refunded Bonds |              |               | Unrefunded Bonds |              |               | Total 2016 LOBs Debt Service |              |               |
|-----------|----------------|--------------|---------------|------------------|--------------|---------------|------------------------------|--------------|---------------|
|           | Principal      | Interest     | Debt Service  | Principal        | Interest     | Debt Service  | Principal                    | Interest     | Debt Service  |
| 4/1/2026  | \$ -           | \$ 531,000   | \$ 531,000    | \$ 2,475,000     | \$ 231,097   | \$ 2,706,097  | \$ 2,475,000                 | \$ 762,097   | \$ 3,237,097  |
| 10/1/2026 | -              | 531,000      | 531,000       | -                | 169,222      | 169,222       | -                            | 700,222      | 700,222       |
| 4/1/2027  | 2,595,000      | 531,000      | 3,126,000     | -                | 169,222      | 169,222       | 2,595,000                    | 700,222      | 3,295,222     |
| 10/1/2027 | -              | 466,125      | 466,125       | -                | 169,222      | 169,222       | -                            | 635,347      | 635,347       |
| 4/1/2028  | 2,725,000      | 466,125      | 3,191,125     | -                | 169,222      | 169,222       | 2,725,000                    | 635,347      | 3,360,347     |
| 10/1/2028 | -              | 398,000      | 398,000       | -                | 169,222      | 169,222       | -                            | 567,222      | 567,222       |
| 4/1/2029  | 2,860,000      | 398,000      | 3,258,000     | -                | 169,222      | 169,222       | 2,860,000                    | 567,222      | 3,427,222     |
| 10/1/2029 | -              | 326,500      | 326,500       | -                | 169,222      | 169,222       | -                            | 495,722      | 495,722       |
| 4/1/2030  | 3,005,000      | 326,500      | 3,331,500     | -                | 169,222      | 169,222       | 3,005,000                    | 495,722      | 3,500,722     |
| 10/1/2030 | -              | 251,375      | 251,375       | -                | 169,222      | 169,222       | -                            | 420,597      | 420,597       |
| 4/1/2031  | 3,155,000      | 251,375      | 3,406,375     | -                | 169,222      | 169,222       | 3,155,000                    | 420,597      | 3,575,597     |
| 10/1/2031 | -              | 172,500      | 172,500       | -                | 169,222      | 169,222       | -                            | 341,722      | 341,722       |
| 4/1/2032  | 3,315,000      | 172,500      | 3,487,500     | -                | 169,222      | 169,222       | 3,315,000                    | 341,722      | 3,656,722     |
| 10/1/2032 | -              | 89,625       | 89,625        | -                | 169,222      | 169,222       | -                            | 258,847      | 258,847       |
| 4/1/2033  | -              | 89,625       | 89,625        | 3,480,000        | 169,222      | 3,649,222     | 3,480,000                    | 258,847      | 3,738,847     |
| 10/1/2033 | -              | 89,625       | 89,625        | -                | 117,022      | 117,022       | -                            | 206,647      | 206,647       |
| 4/1/2034  | 3,585,000      | 89,625       | 3,674,625     | -                | 117,022      | 117,022       | 3,585,000                    | 206,647      | 3,791,647     |
| 10/1/2034 | -              | -            | -             | -                | 117,022      | 117,022       | -                            | 117,022      | 117,022       |
| 4/1/2035  | -              | -            | -             | 3,765,000        | 117,022      | 3,882,022     | 3,765,000                    | 117,022      | 3,882,022     |
| 10/1/2035 | -              | -            | -             | -                | 60,547       | 60,547        | -                            | 60,547       | 60,547        |
| 4/1/2036  | -              | -            | -             | 3,875,000        | 60,547       | 3,935,547     | 3,875,000                    | 60,547       | 3,935,547     |
| Total     | \$ 21,240,000  | \$ 5,180,500 | \$ 26,420,500 | \$ 13,595,000    | \$ 3,189,384 | \$ 16,784,384 | \$ 34,835,000                | \$ 8,369,884 | \$ 43,204,884 |

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Version 1.1.25 TS | TW | TC



December 1, 2025

A regular meeting of the Board of Commissioners for the County of Duplin, North Carolina, was held on December 1, 2025 in the Commissioners' Room, Duplin County Administrative Building, 224 Seminary Street, Kenansville, North Carolina, the regular place of meeting, at 6:00 p.m. on December 1, 2025.

Present: \_\_\_\_\_

Absent: \_\_\_\_\_

\* \* \* \* \*

\_\_\_\_\_ introduced the following resolution, a copy of which had been provided to each Commissioner and which was read by its title:

**RESOLUTION APPROVING THE SALE BY DUPLIN COUNTY OF A LIMITED OBLIGATION REFUNDING BOND TO REFINANCE AND REFUND COSTS OF PUBLIC SCHOOL FACILITIES, APPROVING CERTAIN DOCUMENTS AND ACTIONS RELATING THERETO AND AUTHORIZING CERTAIN ACTIONS IN CONNECTION THEREWITH.**

WHEREAS, in 2016 the County of Duplin, North Carolina (**the "County"**) issued its \$52,640,000 Limited Obligation Bonds, Series 2016 (**the "Series 2016 Bonds"**) to finance the cost of construction, renovating and equipping improvements to B.F. Grady Elementary School, Kenansville Elementary School, Rose Hill – Magnolia Elementary School, Wallace Elementary School, Warsaw Elementary School and North Duplin Elementary School (**the "2016 Project"**) pursuant to a Trust Agreement, dated as of April 1, 2016 between The Bank of New York Mellon Trust Company, N.A. (**the "Trustee"**) and the County (**the "Master Trust Agreement"**), as supplemented by the First Supplemental Trust Agreement, dated as of April 1, 2016 between the Trustee and the County (**the "First Supplemental Trust Agreement" and, together with the Master Trust Agreement, the "2016 Trust Agreement"**), all pursuant to the authority granted to the County under Section 160A-20 of the General Statutes of North Carolina; and



WHEREAS, in connection with the County's issuance of the Series 2016 Bonds the County executed, delivered and recorded a Deed of Trust (**the "Deed of Trust"**), from the County to a Deed of Trust trustee, as a lien on a portion of the 2016 Project described as Rose Hill-Magnolia Elementary School, Wallace Elementary School and Warsaw Elementary School (**collectively, the "School Security Property"**) to secure the County's obligations with respect to the Series 2016 Bonds; and

WHEREAS, the Board of Commissioners for the County (**the "Board"**) has determined that it is in the best interests of the County to issue its Series 2026 Bond (as defined below) in the maximum principal amount of \$22,000,000 in order to prepay and refund a portion of the Series 2016 Bonds to achieve debt service savings; and

WHEREAS, the Board has received a proposal for such refunding (**the "Bank Proposal"**) from JPMorgan Chase Bank, N.A. (**the "Bank"**); and

WHEREAS, in order to accomplish such prepayment and refunding under the Bank Proposal the Board desires to approve the sale of the County's not to exceed \$22,000,000 Limited Obligation Refunding Bond, Series 2026 (**the "Series 2026 Bond"**) as an Additional Bond (as defined in the Master Trust Agreement), such Series 2026 Bond to be secured on a parity basis with the Nonrefunded Bonds, for the purpose of prepaying and refunding the Refunded Bonds, approve certain documents relating thereto and authorize certain actions in connection therewith;

WHEREAS, the Board anticipates that proceeds of the Series 2026 Bond will be used to prepay and refund the outstanding Series 2016 Bonds maturing on April 1 of 2027, 2028, 2029, 2030, 2031, 2032 and 2034 (**the "Refunded Bonds"**) and pay certain costs of issuance of the Series 2026 Bond, and that the Series 2016 Bonds maturing on April 1 of 2026, 2033, 2035 and

2036 (**the "Nonrefunded Bonds"**) will not be prepaid and refunded but will remain outstanding; and

WHEREAS, there have been presented at this meeting of the Board drafts of the following documents relating to the issuance of the Series 2026 Bond:

(a) a Bond Purchase Agreement dated as of January 1, 2026 between the County and the Bank (**the "Bond Purchase Agreement"**);

(b) a Second Supplemental Trust Agreement dated as of January 1, 2026, including a form of the Series 2026 Bond attached as Exhibit A thereto (**the "Second Supplemental Trust Agreement", and, together with the 2016 Trust Agreement, the "Trust Agreement"**) between the County and the Trustee;

(c) an Escrow Deposit Agreement dated as of January 1, 2026 (**the "Escrow Agreement"**) between the County and The Bank of New York Mellon Trust Company, N.A., as escrow agent;

(d) a Supplement to Deed of Trust dated as of January 1, 2026 (**the "Supplement to Deed of Trust"**)

WHEREAS, pursuant to the Bond Purchase Agreement, the Trust Agreement, the Escrow Deposit Agreement and the Supplement to Deed of Trust the County will issue the Series 2026 Bond to be sold to the Bank, make available to the Trustee funds derived from the sale of the Series 2026 Bond to prepay and refund the Refunded Bonds in accordance with the Escrow Agreement and, by virtue of the Deed of Trust as amended by the Supplement to Deed of Trust, secure payments due on the Series 2026 Bond on a parity basis with payments due on the Nonrefunded Bonds.

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners for the County as follows:

Section 1. After a public hearing and due consideration, the Board has determined that the best manner of achieving the prepayment and refunding of the Refunded Bonds is through an installment contract financing arrangement pursuant to the provisions of North Carolina General Statute Section 160A-20, such arrangement to be carried out through the issuance by the County under the Trust Agreement of its Series 2026 Bond in a principal amount not to exceed \$22,000,000, with the County's obligations with respect to the Series 2026 Bond to be secured by the Deed of Trust, as amended by the Supplement to Deed of Trust.

Section 2. The Board hereby approves and accepts the Bank Proposal and approves the sale of the Series 2026 Bond pursuant to the Bank Proposal and the Trust Agreement. The principal amount of the Series 2026 Bond shall be due and payable in such amounts and at such times as provided for in the Series 2026 Bond and shall bear interest at a rate per annum not to exceed 3.7%; provided, however, that the aggregate principal amount of Series 2026 Bond shall not exceed \$22,000,000 and that the final maturity of the Series 2026 Bond shall not extend beyond April 1, 2034. The Series 2026 Bond shall be issued as a single fully registered bond and shall be subject to prepayment at the times, upon the terms and conditions, and at the prices set forth in the Bank Proposal as it may be modified by the Bond Purchase Agreement and the Second Supplemental Trust Agreement.

Section 3. The forms of the Bond Purchase Agreement, the Second Supplemental Trust Agreement, the Escrow Agreement and the Supplement to Deed of Trust are hereby approved. The Chairman and Vice Chairman of the Board, the Interim County Manager, the Finance Officer of the County and the Clerk to the Board are hereby authorized and directed to

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execute, deliver and record, as appropriate, the Bond Purchase agreement, the Second Supplemental Trust Agreement, the Escrow Agreement, the Addendum to Deed of Trust and the Series 2026 Bond in substantially the forms presented at this meeting, together with such additions, changes, modifications and deletions as the person executing any such document may deem necessary or appropriate, and such execution, delivery and recordation, as appropriate, shall be conclusive evidence of the approval and authorization thereof by the Board. The Clerk to the Board or any assistant or deputy Clerk to the Board is hereby authorized to affix the official seal of the County to said documents and to attest the same to the extent required.

Section 4. The proceeds of the Series 2026 Bond shall be applied as provided in the Second Supplemental Trust Agreement and in the Escrow Agreement.

Section 5. No deficiency judgment may be rendered against the County in any action for breach of any contractual obligation authorized pursuant to this Resolution and the taxing power of the County is not and may not be pledged directly or indirectly to secure any moneys due with respect to the Series 2026 Bond or any contract herein authorized.

Section 6. The officers and employees of the County are authorized and directed to take such other actions and to execute, deliver and record, as appropriate, any other documents, certificates, undertakings, agreements or the instruments as they may deem necessary or appropriate to effectuate the transactions contemplated hereby and the documents approved hereby, including actions related to the defeasance, redemption, prepayment and refunding of the Refunded Bonds.

Section 7. The County covenants that, to the extent permitted by the Constitution and laws of the State of North Carolina, it will comply with the requirements of the Internal Revenue Code of 1986, as amended, as applicable to the Series 2026 Bond except to the extent that the



County obtains an opinion of bond counsel to the effect that noncompliance would not result in interest with respect to the Series 2026 Bond being includable in the gross income of the owner of the Series 2026 Bond for purposes of federal income taxation.

Section 8. This Resolution shall take effect immediately upon its passage. Any prior resolutions or actions of the Board, to the extent they are inconsistent with this Resolution, are hereby amended by this Resolution.

Upon motion duly made and seconded, the foregoing resolution was passed by the following vote:

Ayes: Commissioners \_\_\_\_\_.

Noes: \_\_\_\_\_.

\* \* \* \* \*

I, Jaime W. Carr, Clerk to the Board of Commissioners for the County of Duplin, North Carolina, **DO HEREBY CERTIFY** that the foregoing is a true copy of so much of the proceedings of said Board at a regular meeting held on December 1, 2025 as relates in anyway to the passage of the resolution described therein and that said proceedings are recorded in the minutes of said Board.

**I HEREBY FURTHER CERTIFY** that a schedule of regular meetings of said Board, stating that regular meetings of said Board are held in the Commissioners' Room, Duplin County Administrative Building, 224 Seminary Street, Kenansville, North Carolina, on the first Monday of each month at 6:00 p.m., had been on file in my office as of a date not less than seven days before the date of said meeting in accordance with G.S. § 143-318.12.

**WITNESS** my hand and the corporate seal of said County, this \_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Clerk to the Board of Commissioners

SECOND SUPPLEMENTAL TRUST AGREEMENT

Dated as of January 1, 2026

Between

COUNTY OF DUPLIN, NORTH CAROLINA

and

THE BANK OF NEW YORK MELLON TRUST COMPANY, N.A.,  
as Trustee

County of Duplin, North Carolina  
Limited Obligation Refunding Bond  
Series 2026

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SECOND SUPPLEMENTAL TRUST AGREEMENT

This SECOND SUPPLEMENTAL TRUST AGREEMENT, dated as of January 1, 2026 (the “**Second Supplemental Trust Agreement**”), between the County of Duplin, North Carolina, a body corporate and politic and a political subdivision of the State of North Carolina (the “**County**”) and The Bank of New York Mellon Trust Company, N.A., a national banking association duly organized and existing under the laws of the United States of America and having its designated corporate trust office in Jacksonville, Florida, as trustee (the “**Trustee**”), amends and supplements the Trust Agreement, dated as of April 1, 2016 (the “**Master Trust Agreement**”), as supplemented by the First Supplemental Trust Agreement, dated as of April 1, 2016 (the “**First Supplemental Trust Agreement**” and, together with the Master Trust Agreement, the “**2016 Trust Agreement**”), each between the County and the Trustee;

WITNES SETH:

WHEREAS, pursuant to Section 160A-20 of the General Statutes of North Carolina, the County may finance and refinance (a) the purchase of real or personal property and (b) the construction of fixtures or improvements on real property by contracts that create in the property so acquired or in the fixtures or improvements, or in all or some portion of the property upon which the fixtures or improvements are located, or in both, a security interest to secure repayment of the moneys advanced or made available for such purchase or construction;

WHEREAS, the 2016 Trust Agreement authorized the County to issue its \$52,640,000 Limited Obligation Bonds, Series 2016 (the “**Series 2016 Bonds**”) to finance the cost of construction, renovating and equipping improvements to B.F. Grady Elementary School, Kenansville Elementary School, Rose Hill – Magnolia Elementary School, Wallace Elementary School, Warsaw Elementary School and North Duplin Elementary School (the “**2016 Project**”);

WHEREAS the 2016 Trust Agreement defines “Bonds” as meaning the Series 2016 Bonds and any Additional Bonds, and defines Additional Bonds as including bonds issued pursuant to the Master Trust Agreement and a Supplemental Trust Agreement (as defined therein) for the purpose of providing funds for paying the costs of refunding any Bonds;

WHEREAS, under the Master Trust Agreement all Bonds (including the Series 2016 Bonds and any Additional Bonds) are to be secured on a parity with each other by the Master Trust Agreement and applicable Supplemental Trust Agreements;

WHEREAS, the County has provided for the payment of the principal of, premium, if any, and interest on the Series 2016 Bonds and any Additional Bonds to be secured by a Deed of Trust dated as of April 1, 2016 (the “**Deed of Trust**”) for the benefit of the Trustee pursuant to which the County granted a lien on the Mortgaged Property (as defined in the Deed of Trust), as such Deed of Trust may be amended or supplemented from time to time;

WHEREAS, the County now desires to refund the Refunded Series 2016 Bonds (as defined below) by issuing its Series 2026 Bond pursuant to the Master Trust Agreement and this Second

Supplemental Trust Agreement, providing for the refunding and prepayment of the Refunded Series 2016 Bonds, such Series 2026 Bond to be secured on a parity with the Nonrefunded Series 2016 Bonds (as defined below) under the 2016 Trust Agreement, this Second Supplemental Trust Agreement and the Deed of Trust as supplemented by the Supplement to Deed of Trust;

WHEREAS, this Second Supplemental Trust Agreement constitutes a Supplemental Trust Agreement within the meaning of the Master Trust Agreement and the County and the Trustee have each duly authorized the execution and delivery of this Second Supplemental Trust Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and contained herein, the parties hereto agree as follows:

ARTICLE I

DEFINITIONS

Section 101. Meaning of Words and Terms. Unless otherwise required by the context, capitalized words and terms used herein which are defined in the Master Trust Agreement shall have the meanings assigned to them therein, and the following capitalized words and terms shall have the following meanings:

“Bond Purchase Agreement” means the Bond Purchase Agreement between the County and the Purchaser, dated as of \_\_\_\_\_, 2026 providing for the purchase of the Series 2026 Bond by the Purchaser.

“Closing” means the delivery of and payment for the Series 2026 Bond.

“Closing Date” means the date of the Closing.

“Escrow Agreement” means the Escrow Deposit Agreement between the County and the Trustee, as escrow agent, date as of January 1, 2026, providing for the defeasance and redemption of the Refunded Series 2016 Bonds.

“Interest Payment Date” means each April 1 and October 1, beginning October 1, 2026.

“Nonrefunded Series 2016 Bonds” means the Series 2016 Bonds maturing on April 1, 2026, 2033, April 1, 2035 and April 1, 2036.

“Purchaser” means \_\_\_\_\_, or any successors or assigns thereof, as purchaser of the Series 2026 Bond.

“Regular Record Date” means the 15th day of the month preceding any Interest Payment Date, whether or not a Business Day.

“Refunded Series 2016 Bonds” means the Series 2016 Bonds maturing on April 1, 2027, April 1, 2028, April 1, 2029, April 1, 2030, April 1, 2031, April 1, 2032 and April 1, 2034.

“Series 2016 Bond Redemption Date” means April 1, 2026.

“Series 2026 Bond” means the \$\_\_\_\_\_ Limited Obligation Refunding Bond, Series 2026 executed and delivered pursuant to the Master Trust Agreement and this Second Supplemental Trust Agreement.

“Series 2026 Project Account” means the account of the Project Fund created and so designated by Section 401.

“Series 2026 Subaccount of the Interest Account” means the subaccount created and so designated by Section 401.

“Series 2026 Subaccount of the Principal Account” means the subaccount created and so designated by Section 401.

“Series 2026 Subaccount of the Redemption Account” means the subaccount created and so designated by Section 401.

“Supplement to Deed of Trust” means the Supplement to Deed of Trust dated as of January 1, 2026 from the County to \_\_\_\_\_ as Deed of Trust Trustee, supplementing the Deed of Trust dated as of April 1, 2026 from the County to The Fidelity Company as a Deed of Trust Trustee, for the benefit of the Trustee.

Section 102. Rules of Construction. Words of the masculine gender shall be deemed and construed to include correlative words of the feminine and neuter genders. Unless the context shall otherwise indicate, words used herein shall include the plural as well as the singular number. References herein to particular articles or sections are references to articles or sections of this Second Supplemental Trust Agreement unless some other reference is indicated.

ARTICLE II

AUTHORIZATION, FORM, DELIVERY  
AND REGISTRATION OF THE SERIES 2026 BONDS

Section 201. Authorization of the Series 2026 Bonds. For the purpose of providing funds, together with other available funds, to refund, prepay and redeem the Refunded Series 2016 Bonds and subject to the conditions herein provided, there shall be executed and delivered under the Master Trust Agreement and this Second Supplemental Trust Agreement, the Series 2026 Bond of the County in the aggregate principal amount of \$\_\_\_\_\_, subject to the conditions herein provided.

Section 202. Form of Series 2026 Bond. The Series 2026 Bond and the certificate of authentication and assignment to appear thereon shall be substantially in the form set forth in Exhibit A attached hereto and made a part hereof, with such appropriate variations, omissions and insertions as are permitted or required by the Master Trust Agreement and this Second Supplemental Trust Agreement.

Section 203. Details of Series 2026 Bond. The Series 2026 Bond shall be dated the date of its issuance, shall bear interest (computed on the basis of a 360-day year consisting of twelve



30-day months) until its payment, such interest to the maturity thereof being payable semiannually on each Interest Payment Date, and shall be stated to mature on April 1, 2034.

Section 204. Terms and Conditions for Issuance of the Series 2026 Bond; Application of Proceeds. The Series 2026 Bond shall be executed substantially in the form and in the manner herein set forth and shall be deposited with the Trustee for authentication, but before the Series 2026 Bond shall be authenticated and delivered to the Purchaser, there shall be filed with the Trustee the documents required to be delivered to the Trustee pursuant to Section 208 of the Master Trust Agreement.

When such documents shall have been filed with the Trustee, and when the Series 2026 Bond shall have been executed and authenticated as required by this Second Supplemental Trust Agreement, the Series 2026 Bond shall be delivered to the Purchaser upon payment of the purchase price therefor.

The proceeds derived from the sale of the Series 2026 Bond in the amount of \$\_\_\_\_\_ shall be paid on or before the day of Closing by a single federal reserve wire transfer from the Purchaser to the Trustee and applied by the Trustee as follows:

(a) \$\_\_\_\_\_ shall be deposited in the Series 2026 Project Account and used to pay certain costs of issuance of the Series 2026 Bond on the day of Closing as follows: \_\_\_\_\_; and

(b); \$\_\_\_\_\_ shall be deposited to the Escrow Fund established pursuant to the Escrow Agreement and utilized as set forth in the Escrow Agreement.

Section 205. Representations, Covenants and Warranties of the County. The County represents, covenants and warrants to the Trustee as follows:

(a) The Constitution and laws of the State authorize the County to (i) execute and deliver the Bond Purchase Agreement, this Second Supplemental Trust Agreement, the Escrow Agreement and the Supplement to Deed of Trust and (ii) enter into the transactions contemplated hereby and thereby and (iii) perform its obligations hereunder and thereunder.

(b) The County has duly authorized the execution and delivery of the Bond Purchase Agreement, this Second Supplemental Trust Agreement, the Escrow Agreement and the Supplement to Deed of Trust in accordance with the Constitution and laws of the State.

(c) Neither the execution and delivery of the Bond Purchase Agreement, this Second Supplemental Trust Agreement, the Escrow Agreement and the Supplement to Deed of Trust, nor the fulfillment of or compliance with the terms and conditions hereof or thereof, nor the consummation of the transactions contemplated hereby or thereby, conflicts with or results in a breach of the terms, conditions or provisions or its organizational documents or any agreement or instrument to which the County is now a party or by which the County or its property is bound, or constitutes a default under any of the foregoing.

(d) Other than the approval of the Series 2026 Bond and this Second Supplemental Trust Agreement by the Local Government Commission as required by the Act, no approval or consent is required from any governmental authority with respect to the entering into or performance by the County of the Bond Purchase Agreement, this Second Supplemental Trust Agreement, the Escrow

Agreement and the Supplement to Deed of Trust or any other documents related thereto and the transactions contemplated hereby and thereby, or if such approval is required, it has been duly obtained.

(e) There is no action, suit, proceeding or investigation at law or in equity before or by any court, public board or body pending or threatened against or affecting the County challenging the validity or enforceability of the Bond Purchase Agreement, this Second Supplemental Trust Agreement, the Escrow Agreement and the Supplement to Deed of Trust or any other documents relating hereto or thereto or the performance of the County's obligations hereunder or thereunder.

(f) The County will make no use of the proceeds of the Series 2026 Bond or of any other amounts or property regardless of the source or take any action that, or refrain from taking any action, as to which the failure to take such action, may cause the Series 2026 Bond to be an "arbitrage bond" within the meaning of Section 148 of the Internal Revenue Code of 1986, as amended (the "Code"), a "private activity bond" within the meaning of Section 141 of the Code or "federally guaranteed" within the meaning of Section 149(b) of the Code. To that end, so long as the Series 2026 Bond remains Outstanding, the County, with respect to such proceeds and such other funds, will comply with all requirements of such Sections of the Code and all regulations of the United States Department of the Treasury issued thereunder are, at the time, applicable and in effect.

ARTICLE III

REDEMPTION OF SERIES 2026 BOND

Section 301. Redemption of Series 2026 Bond. (a) The Series 2026 Bond shall not be subject to prior redemption except as provided in this Article III and in Article III of the Master Trust Agreement.

(b) [The Series 2026 Bond is subject to redemption, at the option of the County, from any moneys that may be available for such purpose, [either in whole or in part] on or after \_\_\_\_\_ at a redemption price \_\_\_\_\_, plus accrued interest, if any, to the redemption date.]

Section 302. Redemption Notice. Notice of redemption shall be given by the County to the Purchaser in writing not less than fifteen (15) days prior to the redemption date, with a copy of such notice also being given by the County to the Trustee. Such notice of redemption shall be effective upon receipt by the Purchaser as shown by a certified mail receipt or evidence of delivery from a national commercial package delivery service, such notice having been sent to the Purchaser at the following address: \_\_\_\_\_, Attention: \_\_\_\_\_.

Any notice of redemption may state that the redemption to be effected is conditioned upon the receipt by the Trustee on or prior to the redemption date of moneys sufficient to pay the principal of and premium, if any, and interest on the Series 2026 Bond to be redeemed, and that if such moneys are not so received, such notice shall be of no force or effect and such Series 2026 Bond shall not be required to be redeemed. In the event that moneys or Defeasance Obligations sufficient to pay the Redemption Price and interest on such Series 2026 Bond are not received by

the Trustee on or prior to the redemption date, the redemption shall not be made and the Trustee shall within a reasonable time thereafter give notice, in the manner in which the notice of redemption was given, that such moneys were not so received.

#### ARTICLE IV

##### SERIES 2026 PROJECT ACCOUNT; BOND FUND SUBACCOUNTS; PAYMENTS AND COVENANTS

Section 401. Establishment of Series 2026 Project Account and Bond Fund Subaccounts. The Trustee shall establish a special account within the Project Fund designated as the "Series 2026 Project Account" and shall keep the Series 2026 Project Account separate and apart from all other funds and moneys held by it. Moneys held in the Series 2026 Project Account shall be invested and disbursed as provided herein and in the Trust Agreement.

The following subaccounts in the Bond Fund are hereby established:

- (a) Series 2026 Subaccount of the Interest Account;
- (b) Series 2026 Subaccount of the Principal Account; and
- (c) Series 2026 Subaccount of the Redemption Account.

The fund, account and subaccounts mentioned above shall be established with and held by the Trustee pursuant to the Trust Agreement and this Second Supplemental Trust Agreement.

Section 402. Payments by the County. The County shall, subject to the limitations of Section 801 of the Trust Agreement, deposit or cause to be deposited with the Trustee the following amounts, and the Trustee shall apply such amounts to the various subaccounts specified herein in the following order:

- (a) into the Series 2026 Subaccount of the Interest Account, on or before the 25<sup>th</sup> day of the month preceding each Interest Payment Date, the interest payable on the Series 2026 Bond on the following Interest Payment Date; and
- (b) into the Series 2026 Subaccount of the Principal Account, on or before each April 1, the principal of all Series 2026 Bond coming due on such April 1.

In addition, the Trustee shall deposit to the Series 2026 Subaccount of the Redemption Account all amounts as shall be delivered to the Trustee by the County from time to time with instructions that such amounts be so deposited.

Section 403. Application of Money in the Series 2026 Subaccount of the Redemption Account. The Trustee shall apply money in the Series 2026 Subaccount of the Redemption Account to the purchase or redemption of the Series 2026 Bond in accordance with the latest Officer's Certificate filed with the Trustee providing instructions regarding the Series 2026 Bond to be redeemed.

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Section 404. Investment of Money. Money held for the credit of all subaccounts established hereunder on deposit with the Trustee shall be continuously invested and reinvested by the Trustee at the direction of the County as provided in the Trust Agreement and this Second Supplemental Trust Agreement.

Section 405. Payment of Principal, Interest and Premium. Subject to the limitations of Section 801 of the Trust Agreement, the County covenants that it will promptly pay the principal of and the interest on the Series 2026 Bond issued under the provisions of this Second Supplemental Trust Agreement at the places, on the dates and in the manner provided herein and in said Series 2026 Bond, and any premium required for the retirement of said Series 2026 Bond by purchase or redemption, according to the true intent and meaning thereof. The County further covenants that it will faithfully perform at all times all of its covenants, undertakings and agreements contained in this Second Supplemental Trust Agreement, the Trust Agreement and the Deed of Trust as amended by the Supplement to Deed of Trust, or in the Series 2026 Bond executed, authenticated and delivered hereunder and under the Master Trust Agreement or in any proceedings of the County pertaining thereto. The County represents and covenants that it is duly authorized under the Constitution and laws of the State, particularly the Act, to issue the Series 2026 Bond authorized hereby; that all action on its part for the issuance of the Series 2026 Bond has been duly and effectively taken; and that such Series 2026 Bond in the hands of the Owners thereof are and will be valid and binding limited obligations of the County payable according to their terms.

Section 406. Tax Covenant. The County covenants to do and perform all acts and things permitted by law in order to assure that interest paid on the Series 2026 Bond which was excludable from the gross income of their Owners for federal income taxes on the date of their issuance shall continue to be so excludable.

#### ARTICLE V

##### THE TRUSTEE

Section 501. Acceptance of Duties by Trustee. The Trustee by execution hereof accepts and agrees to fulfill the trusts imposed upon it by this Second Supplemental Trust Agreement.

#### ARTICLE VI

##### SUPPLEMENTAL TRUST AGREEMENTS

Section 601. Supplemental Trust Agreements Without Consent of Owners. The County may, from time to time and at any time, execute and deliver such trust agreements supplemental hereto (which supplemental trust agreements shall thereafter form a part hereof) as shall be substantially consistent with the terms and provisions of this Second Supplemental Trust Agreement and, in the opinion of the Trustee, who may rely upon a written opinion of legal counsel, shall not materially and adversely affect the interest of the Owners:

- (a) to cure any ambiguity or formal defect or omission, to correct or supplement any provision herein that may be inconsistent with any other provision herein, to make any other provisions with respect to matters or questions arising under this Second Supplemental Trust

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Agreement or to modify, alter, amend, add to or rescind, in any particular, any of the terms or provisions contained in this Second Supplemental Trust Agreement;

(b) to grant or to confer upon the Trustee for the benefit of the Owners any additional rights, remedies, powers, authority or security that may lawfully be granted to or conferred upon the Owners or the Trustee; or

(c) to add to the covenants and agreements of the County in this Second Supplemental Trust Agreement other covenants and agreements thereafter to be observed by the County or to surrender any right or power herein reserved to or conferred upon the County.

At least thirty (30) days prior to the execution and delivery of any supplemental trust agreement for any of the purposes of this Section, the Trustee shall cause at the County's expense a notice of the proposed supplemental trust agreement to be mailed first-class, postage prepaid, to the Owner of the Series 2026 Bond. Such notice shall briefly set forth the nature of the proposed supplemental trust agreement and shall state that copies thereof are on file at the designated corporate trust office of the Trustee for inspection by the Owner of the Series 2026 Bond. A failure on the part of the Trustee to mail the notice required by this Section shall not affect the validity of such supplemental trust agreement.

Section 602. Modification of Supplemental Agreement with Consent of Owner. Subject to the terms and provisions contained in this Section, and not otherwise, the Owner of the Series 2026 Bond that would be affected (as defined in Section 603) by a proposed supplemental trust agreement shall have the right, from time to time, anything contained in this Second Supplemental Trust Agreement to the contrary notwithstanding, to consent to and approve the execution and delivery by the County and the Trustee of such supplemental trust agreement as shall be deemed necessary or desirable by the County for the purpose of modifying, altering, amending, adding to or rescinding, in any particular, any of the terms or provisions contained in this Second Supplemental Trust Agreement.

The Trustee shall, at the expense of the County, such expense to be paid from any available moneys, cause notice of the proposed supplemental trust agreement to be mailed, postage prepaid, to the Owners of the Series 2026 Bond as of the date such notice is mailed. Such notice shall briefly set forth the nature of the proposed supplemental trust agreement and shall state that copies thereof are on file at the designated corporate trust office of the Trustee for inspection by the Owner of the Series 2026 Bond. The Trustee shall not, however, be subject to any liability to any Owner of the Series 2026 Bond by reason of its failure to mail the notice required by this Section, and any such failure shall not affect the validity of such supplemental trust agreement when approved and consented to as provided in this Section.

Upon the execution and delivery of any supplemental trust agreement pursuant to the provisions of this Section or Section 601, this Second Supplemental Trust Agreement shall be and be deemed to be modified and amended in accordance therewith, and the respective rights, duties and obligations under this Second Supplemental Trust Agreement of the County, the Trustee and the Owner of the Series 2026 Bond shall thereafter be determined, exercised and enforced in all respects pursuant to the provisions of this Second Supplemental Trust Agreement, as so modified and amended.

Section 603. Series 2026 Bond Affected. For purposes of this Second Supplemental Trust Agreement, the Series 2026 Bond shall be deemed to be "affected" by a supplemental trust agreement if the same adversely affects or diminishes the rights of the Owner of the Series 2026 Bonds against the County. The Trustee may in its discretion determine whether the Series 2026 Bond would be affected by any supplemental trust agreement and any such determination shall be conclusive upon the Owner of the Series 2026 Bond, whether theretofore or thereafter authenticated and delivered hereunder. The Trustee shall not be liable for any such determination made in good faith.

Section 604. Responsibilities of Trustee and County under this Article. The Trustee and the County shall be entitled to exercise their discretion in determining whether or not any proposed supplemental trust agreement or any term or provision therein contained is desirable, after considering the purposes of such instrument, the needs of the County, the rights and interests of the Owner of the Series 2026 Bond, and the rights, obligations and interests of the Trustee. The Trustee shall be entitled to receive, and shall be fully protected in relying upon, the opinion of counsel approved by it, who may be bond counsel for the County, as conclusive evidence that any such proposed supplemental trust agreement does or does not comply with the provisions of this Second Supplemental Trust Agreement, and that it is or is not proper for it, under the provisions of this Article, to execute and deliver such supplemental trust agreement.

## ARTICLE VII

## MISCELLANEOUS PROVISIONS

Section 701. Manner of Giving Notice. All notices, demands and requests to be given to or made hereunder by the County, the Trustee or the Local Government Commission shall be given or made in writing and shall be deemed to be properly given or made if sent by United States registered or certified mail, return receipt requested postage prepaid, addressed as follows:

- (a) As to the County--  
County of Duplin, North Carolina  
224 Seminary Street  
Kenansville, North Carolina 28349  
Attention: Finance Director
- (b) As to the Trustee --  
The Bank of New York Mellon Trust Company, N.A.  
10161 Centurion Parkway  
Jacksonville, Florida 32256  
Attention: Corporate Trust Division
- (c) As to the Local Government Commission--  
North Carolina Local Government Commission  
3200 Atlantic Avenue  
Raleigh, North Carolina 27604  
Attention: Secretary

Any such notice, demand or request may also be transmitted to the appropriate above-mentioned party by telegram or telephone and shall be deemed to be properly given or made at the time of such transmission if, and only if, such transmission of notice shall be confirmed in writing and sent as specified above.

Any of such addresses may be changed at any time upon written notice of such change sent by United States registered or certified mail, postage prepaid, to the other parties by the party effecting the change.

Section 702. Substitute Mailing. If, because of the temporary or permanent suspension of postal service, the County or the Trustee shall be unable to mail any notice required to be given by the provisions of this Second Supplemental Trust Agreement, such party shall give notice in such other manner as in the judgment of such party shall most effectively approximate mailing, and the giving of notice in such manner shall for all purposes of this Second Supplemental Trust Agreement be deemed to be in compliance with the requirement for the mailing thereof.

Section 703. Parties, Owners and Local Government Commission Alone Have Rights Under this Second Supplemental Trust Agreement. Except as herein otherwise expressly provided,

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nothing in this Second Supplemental Trust Agreement, express or implied, is intended or shall be construed to confer upon any person, firm or corporation, other than the County, the Trustee, the Owner of the Series 2026 Bond and the Local Government Commission any right, remedy or claim, legal or equitable, under or by reason of this Second Supplemental Trust Agreement or any provision being intended to be and being for the sole and exclusive benefit of the County, the Trustee, the Owner of the Series 2026 Bond and the Local Government Commission.

Section 704. Effect of Partial Invalid. In case any one or more of the provisions of this Second Supplemental Trust Agreement or the Series 2026 Bond shall for any reason be held to be illegal or invalid, such illegality or invalidity shall not affect any other provisions of this Second Supplemental Trust Agreement or the Series 2026 Bond, but this Second Supplemental Trust Agreement and the Series 2026 Bond shall be construed and enforced as if such illegal or invalid provisions had not been contained therein. In case any covenant, stipulation, obligation or agreement contained in this Second Supplemental Trust Agreement or the Series 2026 Bond shall for any reason be held to be in violation of law, then such covenant, stipulation, obligation or agreement shall be deemed to be the covenant, stipulation, obligation or agreement of the County to the full extent permitted by law.

Section 705. Effect of Covenants; Governing Law; Venue. All covenants, stipulations, obligations and agreements of the County contained in this Second Supplemental Trust Agreement shall be deemed to be covenants, stipulations, obligations and agreements of the County to the full extent permitted by the Constitution and laws of the State. This Second Supplemental Trust Agreement is executed and delivered with the intent that the laws of the State shall govern this construction. The exclusive forum and venue for all actions arising out of this Second Supplemental Trust Agreement are with the North Carolina General Court of Justice in Duplin County, North Carolina or the U.S. District Court for the Eastern District of North Carolina, Southern Division. Any attempt to contravene this Section shall be an express violation of this Second Supplemental Trust Agreement.

Section 706. Headings. Any heading preceding the text of the several articles hereof, any table of contents or marginal notes appended to copies hereof, shall be solely for convenience of reference and shall not constitute a part of the Trust Agreement, nor shall they affect its meaning, construction or effect.

Section 707. Further Authority. The officers of the County and other agents or employees of the County are hereby authorized to do all acts and things required of them by this Second Supplemental Trust Agreement for the full, punctual and complete performance of all of the terms, covenants and agreements contained in the Series 2026 Bond and this Second Supplemental Trust Agreement.

Section 708. Payment Due on Holidays. If the date for making any payment or the last day for performance of any act or the exercising of any right as provided in this Second Supplemental Trust Agreement is not a Business Day, such payment may be made or act performed or right exercised on the next Business Day with the same force and effect as if done on the date provided in this Second Supplemental Trust Agreement.

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Section 709. Multiple Counterparts. This Second Supplemental Trust Agreement may be executed in multiple counterparts, each of which shall be regarded for all purposes as an original, and such counterparts shall constitute but one and the same instrument.

IN WITNESS WHEREOF, the County and the Trustee have caused this Second Supplemental Trust Agreement to be executed in their respective names by their respective duly authorized representatives all as of the date first written above.

COUNTY OF DUPLIN, NORTH CAROLINA

[SEAL]

By: \_\_\_\_\_  
Chair of the Board of Commissioners

Attest:

\_\_\_\_\_  
Clerk to the Board of Commissioners

THE BANK OF NEW YORK MELLON TRUST  
COMPANY, N.A., as Trustee

By: \_\_\_\_\_  
Vice President

[Counterpart signature page to the Second Supplemental Trust Agreement, dated as of January 1, 2026, between the County of Duplin, North Carolina and the Bank of New York Mellon Trust Company, N.A.]

CERTIFICATE OF LOCAL GOVERNMENT COMMISSION

The foregoing Second Supplemental Trust Agreement has been approved under the provisions of Section 160A-20 and Article 8 of Chapter 159 of the General Statutes of North Carolina, as amended.

\_\_\_\_\_  
Secretary, Local Government Commission  
of North Carolina

EXHIBIT A

FORM OF SERIES 2026 REFUNDING BOND

R-\_\_\_\_\_ \$ \_\_\_\_\_

United States of America  
State of North Carolina

COUNTY OF DUPLIN, NORTH CAROLINA  
LIMITED OBLIGATION REFUNDING BOND  
SERIES 2026

Interest Rate                      Maturity Date  
\_\_\_\_\_%                              \_\_\_\_\_, 20\_\_\_\_

The County of Duplin, North Carolina (the "County"), for value received, hereby promises to pay, but solely from the sources and in the manner hereinafter provided, to

\_\_\_\_\_ or registered assigns or legal representative, on the maturity date set forth above (or earlier as hereinafter referred to), upon the presentation and surrender hereof at the designated corporate trust office of The Bank of New York Mellon Trust Company, N.A. (the "Trustee"), the principal sum specified above in annual principal installments on the dates (each, a "Principal Payment Date") and in amounts as set forth in Schedule A attached hereto. The County also promises to pay, but solely from said sources, interest on this bond (calculated on the basis of a 360-day year consisting of twelve 30-day months) from the date hereof on the unpaid portion of said principal sum at the interest rate specified above, such interest being paid in installments on the dates (each, an "Interest Payment Date") and in amounts as set forth in Schedule A attached hereto. All such payments shall be made in such coin or currency of the United States of America as at the time of payment is legal tender for payment of public and private debts.

This bond is a duly authorized limited obligation bond of the County designated "Limited Obligation Refunding Bond, Series 2026" (the "Series 2026 Bond"), issued under and pursuant to the Constitution and laws of the State of North Carolina, a resolution of the Board of Commissioners for the County adopted on December 1, 2025, authorizing the issuance of the Series 2026 Bond, a Trust Agreement, dated as of April 1, 2016 (the "Trust Agreement") between the County and the Trustee, and a Second Supplemental Trust Agreement, dated as of January 1, 2026 (the "Second Supplemental Trust Agreement"), between the County and the Trustee. The

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Series 2026 Bond is being issued for the purpose of providing funds, together with any other available funds, to refund the County's outstanding \$52,640,000 Limited Obligation Bonds, Series 2016 (the "Series 2016 Bonds") maturing on April 1, 2027, April 1, 2028, April 1, 2029, April 1, 2030, April 1, 2031, April 1, 2032 and April 1, 2034 (the "Refunded Series 2016 Bonds"), and paying certain fees and expenses related to the sale and issuance of this Bond. Capitalized terms used herein and not otherwise defined have the meanings given such terms in the Trust Agreement and the First Supplemental Trust Agreement.

THIS SERIES 2026 BOND IS A LIMITED OBLIGATION OF THE COUNTY, PAYABLE SOLELY FROM CURRENTLY BUDGETD APPROPRIATIONS OF HE COUNTY, DOES NOT CONSTITUTE A GENERAL OBLIGATION OR OTHER INDEBTEDNESS OF THE COUNTY WITHIN THE MEANING OF THE CONSTITUTION OF THE STATE OF NORTH CAROLINA, AND DOES NOT CONSTITUTE A DIRECT OR INDIRECT PLEDGE OF THE FAITH AND CREDIT OR TAXING POWER OF THE OCUNTY WITHIN THE MEANING OF THE CONSTITUTION OF THE STATE OF NORTH CAROLINA. NO DEFICIENCY JUDGHMENT MAY BE RENDERED AGAINST THE COUNTY IN VIOLATION OF SECTION 160A-20 OF THE GENERAL STATUTES OF NORTH CAROLINA.

The Trust Agreement provides for the issuance from time to time under the conditions, limitations and restrictions set forth therein of additional Bonds which shall be equally and ratably secured with the Series 2016 Bonds, this Series 2026 Bond and any other additional Bonds hereafter issued pursuant to the Trust Agreement (the Series 2016 Bonds, this Series 2026 Bond and any additional Bonds herein referred to as the "Bonds").

As security for the payment of the Bonds and the performance by the County of its other obligation under the Trust Agreement, the County has executed and delivered a Deed of Trust, dated as of April 1, 2016 supplemented by the Supplement to Deed of Trust dated as of January 1, 2026 (collectively, the "Deed of Trust as Supplemented"), granting to the Trustee for the benefit of the Owners a lien on the real property and improvements thereon upon which certain of the school properties that were improved with the proceeds of the Series 2016 Bonds are located (the "Mortgaged Property"), subject only to Permitted Encumbrances.

Reference is made to the Trust Agreement, the Second Supplemental Trust Agreement and the Deed of Trust as Supplemented for a more complete statement of the provisions thereof and of the rights of the County, the Trustee and the registered owners of the Series 2026 Bond. Copies of the Trust Agreement, the Second Supplemental Trust Agreement and the Deed of Trust as Supplemented are available for inspection by any registered owner of the Series 2026 Bond at all reasonable times at the designated corporate trust office of the Trustee. By the purchase and acceptance of this bond, the registered owner hereof signifies assent to all of the provisions of the Trust Agreement, the Second Supplemental Trust Agreement and the Deed of Trust as Supplemented.

This bond, together with corresponding obligations under the Trust Agreement, the Second Supplemental Trust Agreement and the Deed of Trust as Supplemented relating thereto, constitutes an installment contract or contract within the meaning of the Section 160A-20, as amended, of the



General Statutes of North Carolina entered into by the County for the purpose of refinancing the acquisition of real or personal property or the construction or repair of improvements thereon.

The Trustee shall keep at its designated corporate trust office books for the registration of transfer of the Series 2026 Bond. The transfer of this bond may be registered only upon such books and as otherwise provided in the Trust Agreement upon the surrender hereof to the Trustee together with an assignment duly executed by the registered owner hereof or his attorney or legal representative in such form as shall be satisfactory to the Trustee. Upon any such registration of transfer, the Trustee shall deliver in exchange for this bond a new Series 2026 Bond or Bonds, registered in the name of the transferee, of authorized denominations, in an aggregate principal amount equal to the principal amount of this bond, of the same maturity and bearing interest at the same rate.

The principal installments of this Bond are subject to redemption prior to their stated Principal Payment Dates, at the option of the County, from any moneys that may be available for such purpose \_\_\_\_\_

The registered owner of this bond shall have no right to enforce the provisions of the Trust Agreement or to institute action to enforce the covenants therein, or to take any action with respect to any event of default under the Trust Agreement, or to institute, appear in or defend any suit or other proceeding with respect thereto, except as provided in the Trust Agreement.

This bond, notwithstanding the provisions for registration of transfer stated herein and contained in the Trust Agreement and the Second Supplemental Trust Agreement, at all times shall be, and shall be understood to be, an investment security within the meaning of and for all the purposes of Article 8 of the Uniform Commercial Code of North Carolina. This bond is issued with the intent that the laws of the State of North Carolina shall govern its construction.

All acts, conditions and things required to happen, exist and be performed precedent to and in the issuance of this bond and the execution and delivery of the Trust Agreement and the First Supplemental Trust Agreement have happened, exist and have been performed as so required.

This bond shall not be valid or become obligatory for any purpose or be entitled to any benefit or security under the Trust Agreement or the Second Supplemental Trust Agreement until it shall have been authenticated by the execution by the Trustee of the certificate of authentication endorsed hereon.

IN WITNESS WHEREOF, the County of Duplin, North Carolina, by resolution duly passed by its Board of Commissioners, has caused this bond to be manually signed by the Chairman of the Board of Commissioners and attested to by the Clerk to the Board of Commissioners and the official seal of the County to be impressed hereon, all as of the \_\_\_\_ day of \_\_\_\_\_, 2026.

COUNTY OF DUPLIN, NORTH CAROLINA

[SEAL]

By: \_\_\_\_\_  
Chair of the Board of Commissioners

Attest:

\_\_\_\_\_  
Clerk to the Board of Commissioners

CERTIFICATE OF AUTHENTICATION

This bond is a bond of the Series designated therein and issued under the provisions of the within mentioned Trust Agreement and First Supplemental Trust Agreement.

THE BANK OF NEW YORK MELLON TRUST  
COMPANY, N.A., as Trustee

By: \_\_\_\_\_  
Authorized Signatory

Date of authentication: \_\_\_\_\_

CERTIFICATE OF LOCAL GOVERNMENT COMMISSION

The foregoing Limited Obligation Refunding Bond, Series 2026 has been approved under the provisions of Section 160A-20 and Article 8 of Chapter 159 of the General Statutes of North Carolina, as amended.

\_\_\_\_\_  
Secretary, Local Government Commission  
of North Carolina

ASSIGNMENT

FOR VALUE RECEIVED the undersigned hereby sells, assigns and transfers unto \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE INSERT SOCIAL SECURITY NUMBER  
OR OTHER IDENTIFYING NUMBER OF ASSIGNEE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE PRINT OR TYPEWRITE NAME AND ADDRESS OF TRANSFEREE  
\_\_\_\_\_

the within bond and all rights thereunder, and hereby irrevocably constitutes and appoints \_\_\_\_\_  
\_\_\_\_\_ attorney, to transfer the within  
bond on the books kept for registration thereof, with full power of substitution in the premises.

Dated:  
In the presence of:

|                                                                                                                                                              |                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NOTICE: Signature must be guaranteed by an institution which is a participant in the Securities Transfer Agent Medallion Program (STAMP) or similar program. | The signature to this assignment must correspond with the name as it appears upon the face of the within bond in every particular, without alteration or enlargement or any change whatever. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Prepared by and return to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF DUPLIN

SUPPLEMENT TO DEED OF TRUST

THIS IS A SUPPLEMENT TO THE DEED OF TRUST RECORDED IN THE DUPLIN COUNTY, NORTH CAROLINA REGISTER OF DEEDS OFFICE, IN DEED BOOK 1821, PAGES NUMBERED 654 TO 675 AS DOCUMENT NUMBER 10006002.

WITNESSETH:

**WHEREAS**, the County of Duplin, North Carolina, a body politic and corporate and a political subdivision existing under the Constitution and laws of the State of North Carolina (**the “County”**) entered into a Trust Agreement, dated as of April 1, 2016 (**together with any amendments or supplements thereto, the “Trust Agreement”**) with The Bank of New York Mellon Trust Company, N.A., as trustee (**the “Trustee”**) pursuant to which the County is authorized to issue limited obligation bonds (**the “Bonds”**) for the purpose of acquiring, constructing and equipping the 2016 Project (as defined in the Trust Agreement) and refunding Bonds issued under the Trust Agreement;

**WHEREAS**, pursuant to the Trust Agreement and a First Supplemental Trust Agreement, dated as of April 1, 2016 (**the “First Supplemental Trust Agreement”**) between the County and the Trustee the County issued its \$52,640,000 County of Duplin, North Carolina Limited Obligation Bonds, Series 2016 (**the “Series 2016 Bonds”**) for the purpose of financing the costs of the 2016 Project;

**WHEREAS**, the Trust Agreement provides that the County may, under the conditions set forth therein, issue Additional Bonds (as defined in the Trust Agreement) for the purposes specified in the Trust Agreement including refunding of Bonds such as the Series 2016 Bonds;



WHEREAS, in order to secure the payment of the principal of, premium, if any, and interest on the 2016 Bonds and any Additional Bonds on a parity basis and securing other obligations under the Trust Agreement, the County executed a Deed of Trust, dated as of April 1, 2016, to The Fidelity Company as trustee (the “**Deed of Trust Trustee**”) for the benefit of the Trustee, recorded in the office of the Register of Deeds of Duplin County, North Carolina on April 20, 2016 as Document Number 10006002 at deed book 1821, pages 654 to 675 (the “**Original Deed of Trust**”), under which the maximum aggregate principal amount secured may be \$150,000,000, which Original Deed of Trust constitutes a lien against the Mortgaged Property (as defined therein); and

WHEREAS, the County is issuing its \$\_\_\_\_\_ County of Duplin, North Carolina Limited Obligation Refunding Bond, Series 2026 (the “**2026 Bond**”) for the purposes of refunding certain maturities of the 2016 Bonds and paying certain costs of issuance of the 2026 Bond, such 2026 Bond to be secured on a parity basis under the Deed of Trust with the non-refunded maturities of the 2016 Bonds (the “**Nonrefunded 2016 Bonds**”) pursuant to the terms of the Trust Agreement, including the First Supplemental Trust Agreement and a Second Supplemental Trust Agreement, dated as of January 1, 2026 (the “**Second Supplemental Trust Agreement**”) between the County and the Trustee.

NOW THEREFORE, for and in consideration of the mutual covenants hereinafter contained and other valuable consideration, the parties hereto covenant and agree as follows:

Section 1. **Amendment of Deed of Trust.** The Deed of Trust is hereby supplemented and amended to provide that the 2026 Bond and the Nonrefunded 2016 Bonds constitute the Bonds under the Trust Agreement secured by the Original Deed of Trust and this Supplement to Deed of Trust in accordance with Section 1 of the Original Deed of Trust. The amount of the present obligations secured by the Original Deed of Trust as amended by this Supplement to Deed of Trust is \$\_\_\_\_\_.

Section 2. **Ratification and Confirmation.** Except as supplemented and amended hereby, the Original Deed of Trust is in all respects ratified and confirmed, and the Original Deed of Trust and this Supplement to Deed of Trust shall be read, taken and construed as one and the same instrument.

Section 3. **Consents.** As evidenced by its execution hereof, the Trustee hereby consents to this Supplement to Deed of Trust and all the provisions hereof.

Section 4. **Counterparts.** This Supplement to Deed of Trust may be executed in several counterparts, each of which shall be an original and all of which together shall constitute one and the same instrument.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the County has caused this Supplement to Deed of Trust to be executed in its name and its seal to be affixed hereto by its duly authorized officers at the order of its Board of Commissioners and as the act of the County.

COUNTY OF DUPLIN, NORTH CAROLINA

By \_\_\_\_\_  
Chair, Board of Commissioners

[SEAL]

ATTEST:

\_\_\_\_\_  
Clerk to the Board of Commissioners

**ACKNOWLEDGEMENT OF EXECUTION ON BEHALF  
OF THE COUNTY**

STATE OF NORTH CAROLINA )  
 ) ss.  
COUNTY OF DUPLIN )

This \_\_\_\_ day of January, 2026, personally came before me \_\_\_\_\_, Chair of the Board of Commissioners of the County of Duplin, North Carolina, who, being by me duly sworn, says that by authority duly given by, and as act of, said County, the foregoing and annexed Supplement to Deed of Trust, dated as of \_\_\_\_\_, 2026, was signed by him as said Chair on behalf and in the name of said County, and personally came before me \_\_\_\_\_, Clerk to the Board of Commissioners for the County of Duplin, who, being by me duly sworn, says that by authority duly given by said County she impressed the corporate seal of said County upon the foregoing and annexed Supplement to Deed of Trust in execution thereof for and on behalf of said County and that she attested the same as said Clerk by affixing her signature thereon in attestation thereof, and said Chair and Clerk further acknowledged that the foregoing and annexed Supplement to Deed of Trust is the act and deed of said County.

Witness my hand and official seal, this the \_\_\_\_ day of \_\_\_\_\_, 2026.

Notary Public

(SEAL)

My Commission expires: \_\_\_\_\_

IN WITNESS WHEREOF, the Trustee has caused this Supplement to Deed of Trust to be executed in its name and its seal to be affixed hereto by its duly authorized officer(s).

The Bank of New York Mellon Trust Company, N.A.

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_



ACKNOWLEDGEMENT OF EXECUTION ON BEHALF  
OF THE TRUSTEE

STATE OF \_\_\_\_\_ )  
 ) ss.  
CITY/COUNTY OF \_\_\_\_\_ )

This \_\_\_\_ day of January, 2026, personally came before me \_\_\_\_\_, the \_\_\_\_\_ of The Bank of New York Mellon Trust Company, N.A., who, being by me duly sworn, says that by authority duly given by, and as act of, said company, the foregoing and annexed Supplement to Deed of Trust, dated as of \_\_\_\_\_, 2026, was signed by him as said \_\_\_\_\_ on behalf and in the name of said company.

Witness my hand and official seal, this the \_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
Notary Public

(SEAL)

My Commission expires: \_\_\_\_\_

ESCROW DEPOSIT AGREEMENT

**THIS ESCROW DEPOSIT AGREEMENT (the “Escrow Agreement”)**, dated as of January 1, 2026, between the County of Duplin, North Carolina **(the “County”)** and The Bank of New York Mellon Trust Company, N.A. **(the “Escrow Agent”)**.

WITNESSETH:

**WHEREAS**, in 2016 the County of Duplin, North Carolina **(the “County”)** issued its \$52,640,000 Limited Obligation Bonds, Series 2016 **(the “Series 2016 Bonds”)** to finance the cost of construction, renovating and equipping improvements to B.F. Grady Elementary School, Kenansville Elementary School, Rose Hill – Magnolia Elementary School, Wallace Elementary School, Warsaw Elementary School and North Duplin Elementary School **(the “2016 Project”)** pursuant to a Trust Agreement dated as of April 1, 2016 **(the “Master Trust Agreement”)**, as supplemented by the First Supplemental Trust Agreement, dated as of April 1, 2016 **(the “First Supplemental Trust Agreement”)**;

**WHEREAS**, the County has determined that it is in the best interests of the County to refinance and refund a portion of the Series 2016 Bonds as set forth in **Exhibit A** attached hereto **(the “Refunded Bonds”)** to reduce installment payment obligations with respect to the 2016 Trust Agreement and achieve debt service savings, which are to be refunded and prepaid from certain proceeds of the County’s not to exceed \$22,000,000 Limited Obligation Refunding Bond, Series 2026 **(the “Series 2026 Bond”)** and other available funds; and

**WHEREAS**, the County will issue the Series 2026 Bond pursuant to the County’s Resolution adopted on December 1, 2025 **(the “County Resolution”)**, the Master Trust Agreement and the Second Supplemental Trust Agreement, dated as of January 1, 2026 **(the “Second Supplemental Trust Agreement”)** between the County and the Trustee, which County Resolution provides that the officers of the County are authorized to take such action as they or any one of them may consider necessary or desirable in connection with the refunding of the Refunded Bonds; and

**WHEREAS**, the Master Trust Agreement provides that the Refunded Bonds are deemed paid when the principal of the Refunded Bonds plus interest thereon have been provided for by irrevocably depositing, in this case, with the Escrow Agent, cash sufficient to make such payments or Government Obligations (as defined in the Master Trust Agreement) maturing in such amounts and at such times as will insure the availability of sufficient monies to make such payments, that the Refunded Bonds may be redeemed at the direction of the County in whole or in part at any time on or after certain dates and that if the County makes payment to the Trustee in an amount sufficient to redeem the Refunded Bonds, the Trustee is required to apply such amount to redeem the Refunded Bonds under the provisions of the Master Trust Agreement on the specified maturity dates and the redemption date set forth in the Verification Report of Bingham Arbitrage Rebate Services Inc., verification experts, with its attached exhibits, attached

as **Exhibit A** hereto (the “**Verification Report**”), which is April 1, 2026 (the “**Redemption Date**”); and

**WHEREAS**, the County will enter into this Escrow Agreement with the Escrow Agent simultaneously with the delivery of the 2026 Bond in order to ensure that the procedure required for the payment and redemption of the Refunded Bonds will be followed.

**NOW, THEREFORE**, in consideration of the foregoing and of the mutual covenants herein set forth, the parties hereto agree as follows:

1. The Escrow Agent hereby acknowledges receipt of true and correct copies of the Master Trust Agreement and Second Supplemental Trust Agreement and references herein to or citations herein of any provision of such documents shall be deemed to incorporate the same as a part hereof in the same manner and with the same effect as if they were fully set forth herein. Unless otherwise defined, each capitalized term used in this Escrow Agreement has the meaning given it in the Master Trust Agreement and the Second Supplemental Trust Agreement.
2. There is hereby created and established with the Escrow Agent a special, segregated and irrevocable escrow fund designated “Duplin County Limited Obligation Refunding Bond, Series 2026 Escrow Fund” (the “**Escrow Fund**”) to be held in the custody of the Escrow Agent as a trust fund for the benefit of the holders of the Refunded Bonds, separate and apart from other funds of the County or the Escrow Agent. The Escrow Agent hereby accepts and acknowledges the receipt and deposit to the credit of the Escrow Fund of the sum of \$ \_\_\_\_\_ in immediately available funds (consisting of proceeds of the 2026 Bond in the amount of \$ \_\_\_\_\_, funds transferred from the 2016 Subaccount of the Interest Account in the amount of \$ \_\_\_\_\_ and funds transferred from the 2016 Subaccount of the Principal Account in the amount of \$ \_\_\_\_\_) and based solely and in full reliance on the Verification Report attached hereto the County represents and warrants that such total amount held invested as set forth on the attached Verification Report is sufficient to provide for timely payment of the principal amount of the Refunded Bonds plus interest accrued thereon to the Redemption Date thereof. The Escrow Fund created hereby shall be irrevocable. The Escrow Agent, on behalf of the owners of the Refunded Bonds is hereby given an express lien on and security interest in the Government Obligations (defined below) and earnings thereon, if any, in the Escrow Fund until used and applied in accordance with this Escrow Agreement. The Government Obligations, and earnings thereon, if any, held in the Escrow Fund are hereby irrevocably pledged and assigned and shall be applied solely for the payment of principal of and interest and redemption premium on the Refunded Bonds. The Escrow Agent has also received funds sufficient to pay to itself as Escrow Agent its reasonable fees and expenses, and any other expenses payable under the Escrow Agreement.
3. The Escrow Agent is hereby directed by the County, concurrently with the deposit of the immediately available funds under Section 2 above, to use such moneys to purchase on behalf of the County, certain United States Treasury Obligations, State Local Government Series, which are direct obligations of the United States of America, in

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book-entry form in the aggregate principal or par amount described in the Verification Report attached as **Exhibit A** hereto (the “**Government Obligations**”).

4. The Escrow Agent shall from time to time collect and receive the principal of, interest on, and income and profit from the Government Obligations, and credit the same to the Escrow Fund so that interest on and the proceeds of the Government Obligations, as such become due, will be available to meet the redemption requirements of the Refunded Bonds as shown on **Exhibit A**. The Escrow Agent shall take out the monies necessary to meet the payment requirements of the Refunded Bonds as shown on **Exhibit A** and to pay interest, redemption premium and principal due on the Redemption Date to The Depository Trust Company as Holder of the Refunded Bonds (all of which are held in book entry form). The Escrow Agent is instructed and directed by the County to use monies in the Escrow Fund to meet the payment requirements of the Refunded Bonds as shown on **Exhibit A** and to redeem all of the outstanding Refunded Bonds on the Redemption Date.
5. The Escrow Fund shall continue in effect to and including the date upon which the Escrow Agent makes the final payment of the principal of and interest and redemption premium, if any, coming due on the Refunded Bonds, whereupon the Escrow Agent shall deposit any remaining Government Obligations or proceeds therefrom into the Bond Fund established under the Master Trust Agreement.
6. The Escrow Agent is hereby directed by the County to provide Notice of Redemption to the Holders of the Refunded Bonds in the form of Notice set forth on **Exhibit B** not less than 30 days nor more than 60 days prior to the Redemption Date. The Escrow Agent is hereby directed by the County to provide Notice of Defeasance to the Holders of the Refunded Bonds in the form of Notice set forth on **Exhibit C** on the date hereof, to be sent to the registered owners of the Refunded Bonds by facsimile transmission, registered or certified mail, electronic mail or overnight express delivery. The Escrow Agent will also file or cause to be filed the notices described in this Section to the MSRB via its Electronic Municipal Market Access (“**EMMA**”) system at the same time such notices are filed with the holders of the Refunded Bonds.
7. The Escrow Agent has received irrevocable instructions from the County to make payments due on the Refunded Bonds and to redeem the Refunded Bonds on the Redemption Date, and the payment of principal and interest due thereon, to and including the Redemption Date.
8. The duty of the Escrow Agent to make payments under this Escrow Agreement is limited to the funds available therefor in the Escrow Fund created hereunder. The County will not knowingly or intentionally direct the Escrow Agent to take any action in the investment or securing of the proceeds of the Escrow Funds that would cause the 2016 Bonds or the 2026 Bond to be classified as “arbitrage bonds” under Section 148 of the Internal Revenue Code of 1986, as amended (the “**Code**”).



9. Subject to the provisions of Section 11 hereof, in the event of the Escrow Agent's failure to account for any of the Government Obligations or funds received by it under this Escrow Agreement, said Government Obligations or funds shall be and remain the property of the County in trust for the holders of the Refunded Bonds, as herein provided, and if for any reason such funds cannot be identified, the Escrow Agent shall proceed as promptly as possible to make such identifications.
10. So long as the Escrow Fund is maintained under this Escrow Agreement, the Escrow Agent shall forward a semiannual statement to the County, to the attention of the County Manager, and to the Trustee describing the Government Obligations held, including the income earned therefrom, if any, and any withdrawals of money from the Escrow Fund since the last statement furnished pursuant to this Section.
11. The Escrow Agent shall have no responsibility to the County or any other person in connection herewith except as specifically provided herein and shall not be responsible for anything done or omitted to be done by it except for its own gross negligence or default in the performance of any obligations imposed on it hereunder. Notwithstanding any provision herein to the contrary, in no event shall the Escrow Agent be liable for special, indirect or consequential loss or damage of any kind whatsoever (including but not limited to lost profits), even if the Escrow Agent has been advised of the likelihood of such loss or damage and regardless of the form of action. Unless specifically provided herein, the Escrow Agent has no duty to determine or inquire into the happening or occurrence of any event or contingency, or the performance or failure of performance of the County with respect to arrangements or contracts with others, the Escrow Agent's sole duty hereunder being to safeguard the Escrow Funds and to dispose of and deliver the same in accordance with this Escrow Agreement. If the Escrow Agent is called upon by the terms of this Escrow Agreement to determine the occurrence of any event or contingency, the Escrow Agent may request from the County or any other person such reasonable additional evidence as the Escrow Agent in its discretion may deem necessary to determine any fact relating to the occurrence of such event or contingency, and in this connection may inquire and consult with the County, or counsel of its choice among others, at any time. To the extent permitted by law, the County shall be liable for and shall reimburse and indemnify the Escrow Agent and hold the Escrow Agent harmless from and against any and all claims, losses, liabilities, costs, damages or expenses (including reasonable attorneys' fees and expenses) arising from or in connection with or related to this Escrow Agreement or serving as Escrow Agent hereunder (including but not limited to losses incurred by Escrow Agent in connection with its successful defense, in whole or in part, of any claim of gross negligence or willful misconduct on its part), provided, however, that nothing contained herein shall require Escrow Agent to be indemnified for losses caused by its gross negligence or willful misconduct.
12. This Escrow Agreement is between the County and the Escrow Agent only, and in connection therewith the Escrow Agent relies conclusively upon the calculations of Bingham Arbitrage Rebate Services Inc., verification experts as set forth on **Exhibit A** attached to this Escrow Agreement, and the Escrow Agent shall not be liable to any person in any manner for such reliance. The duty of the Escrow Agent hereunder shall

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only be to the County and the holders of the Refunded Bonds to the extent provided herein.

13. It is expressly understood and agreed that the Escrow Agent's duties and obligations in connection with this Agreement are confined to those expressly defined herein and no additional covenants or obligations shall be read into this Agreement against the Escrow Agent. The Escrow Agent may conclusively rely and act upon any written notice, request, waiver, consent, certificate, receipt, authorization, power of attorney, opinion, or other instrument or document which the Escrow Agent in good faith believes to be genuine and to be what it purports to be. The Escrow Agent shall not be required to expend its own funds for the performance of its duties under this Escrow Agreement. The Escrow Agent shall not be responsible or liable for any failure or delay in the performance of its obligations under this Agreement arising out of or caused, directly or indirectly, by circumstances beyond its reasonable control, including, without limitation, acts of God; earthquakes; fire; flood; hurricanes or other storms; wars; terrorism; similar military disturbances; sabotage; epidemic; pandemic; riots; interruptions; loss or malfunctions of utilities, computer (hardware or software) or communications services; accidents; labor disputes; acts of civil or military authority or governmental action; it being understood that the Escrow Agent shall use commercially reasonable efforts which are consistent with accepted practices in the banking industry to resume performance as soon as reasonably practicable under the circumstances.
14. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. For a non-individual person such as a business entity, a charity, a trust, or other legal entity, the Escrow Agent will ask for documentation to verify its formation and existence as a legal entity. The Escrow Agent may also ask to review financial statements, licenses, identification and authorization documents from individuals claiming authority to represent the entity or other relevant documentation. The County hereby acknowledges such requirements and agrees to provide the Escrow Agent with such materials as it may reasonably request in furtherance of its compliance with the Patriot Act.
15. Any notice, authorization, request or demand required or permitted to be given hereunder shall be in writing and shall be deemed to have been duly given when mailed by registered or certified mail, postage prepaid, or delivered by a national commercial package delivery service, and addressed as follows:

if to the County, at:

County of Duplin, North Carolina  
224 Seminary Street  
Kenansville, North Carolina 28349  
Attention: County Manager

if to the Escrow Agent, at:



The Bank of New York Mellon Trust Company, N.A.  
10161 Centurion Parkway  
Jacksonville, Florida 32256  
Attention: Corporate Trust Division

Any of such addresses may be changed at any time upon written notice of such change being sent by United States Postal Service certified mail, postage prepaid, or delivered by a national commercial package delivery service, to the other parties by the party effecting the change.

Any notice, authorization, request or demand given hereunder shall also be sent, in the manner set forth above, to the Purchaser of the 2026 Bond at the following address:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 2\_\_\_\_,  
Attention: Account Administration/Municipal.

- 16. Whenever, under the terms of this Escrow Agreement the performance date of any act to be done hereunder shall fall on a day which is not a legal banking day, and upon which the Escrow Agent is not open for business, the performance thereof on the next succeeding business day of the Escrow Agent shall be deemed to be in full compliance with this Escrow Agreement. Whenever time is referenced in this Escrow Agreement, it shall be the time recognized by the Escrow Agent in the ordinary conduct of its normal business transactions.
- 17. Time shall be of the essence in the performance of obligations from time to time imposed upon the Escrow Agent by this Escrow Agreement.
- 18. This Escrow Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective successors and assigns.
- 19. The Escrow Agent may resign and thereby become discharged from the trusts hereby created by giving 30 days notice to the County and the Trustee, provided, however that such resignation shall not take effect until the appointment of and acceptance of such appointment by a new Escrow Agent hereunder and acceptance of the trusts hereby created.
- 20. Any supplemental agreement amending any provision of this Escrow Agreement shall be an "Amending Action." The Escrow Agent shall not undertake or execute any Amending Action unless it has received:
  - (a) The written opinion of an independent certified public accountant or verification expert that after such Amending Action the Government Obligations and earnings thereon, if any, and other funds, if any, then held pursuant to this Escrow Agreement will provide moneys in amounts and at times necessary to pay all principal of, premium and interest on the Refunded Bonds as the same are due and when called for redemption as set forth in Section 6, and

- (b) The written opinion of a nationally recognized bond counsel to the effect that such amendment (i) is authorized or permitted by this Escrow Agreement and (ii) will not adversely affect the tax exempt status of the 2007B Certificates or the 2026 Bond.
- 21. This Escrow Agreement shall terminate when the Refunded Bonds have been paid and discharged in accordance with the 2016 Trust Agreement pursuant to which they were authorized and the terms of this Escrow Agreement.
- 22. If any one or more of the covenants or agreements provided in this Escrow Agreement on the part of the County or the Escrow Agent to be performed should be determined by a court of competent jurisdiction to be contrary to law, such covenant or agreement shall be deemed and construed to be severable from the remaining covenants and agreements herein contained and shall in no way affect the validity of the remaining provisions of this Escrow Agreement.
- 23. This Escrow Agreement may be executed in several counterparts, all or any of which shall be regarded for all purposes as one original and shall constitute and be but one and the same instrument.
- 24. This Escrow Agreement may, without the consent of or notice to any of the holders of the Refunded Bonds or the 2026 Bond, be amended from time to time, to cure any ambiguity or formal defect or omission in this Escrow Agreement or in any supplement hereto and to grant to or confer upon the Escrow Agent for the benefit of such holders any additional rights, remedies, powers, authority or security that may lawfully be granted to or conferred upon the Escrow Agent.
- 25. This Escrow Agreement shall be construed and enforced in accordance with the laws of the State of North Carolina without regard to its conflicts of laws principles.

*[signature page to follow]*

IN WITNESS WHEREOF, the parties hereto have each caused this Escrow Agreement to be executed by their duly authorized officers all as of the date first above written.

COUNTY OF DUPLIN, NORTH CAROLINA

By: \_\_\_\_\_  
Its: \_\_\_\_\_

THE BANK OF NEW YORK MELLON TRUST  
COMPANY, N.A., as Escrow Agent

By: \_\_\_\_\_  
Its: \_\_\_\_\_

EXHIBIT A

Verification Report of Bingham Arbitrage Rebate Services Inc.

EXHIBIT B

NOTICE OF OPTIONAL REDEMPTION  
TO HOLDERS OF COUNTY OF DUPLIN, NORTH CAROLINA  
\$ \_\_\_\_\_ LIMITED OBLIGATION BONDS, SERIES 20016

Dated: April 20, 2016

Due: April 1 (as shown below)

NOTICE IS HEREBY GIVEN that, pursuant to Section 303 of the Trust Agreement, dated as of April 1, 2016 between the County of Duplin, North Carolina (the “County”) and The Bank of New York Mellon Trust Company N.A. as trustee (the “Trustee”) and Section 303 of the First Supplemental Trust Agreement dated as of April 1, 2016 between the County and the Trustee, the outstanding portion of the County of Duplin, North Carolina Limited Obligation Bonds, Series 2016, issued by the County on April 20, 2016 maturing on April 1 as shown below (the “Refunded Bonds”) are being called for redemption in the aggregate principal amount of \$21,240,000. The Refunded Bonds will be redeemed on April 1, 2026 (the “Redemption Date”) at a redemption price equal to 100% of their principal amount, plus interest accrued thereon to the Redemption Date as described below:

| Year | Principal Amount | Interest Rate | Redemption Price | CUSIP Number* |
|------|------------------|---------------|------------------|---------------|
| 2027 | \$ 2,595,000     | 5.000%        | 100%             | 266122BF(6)   |
| 2028 | 2,725,000        | 5.000         | 100              | 266122BG(4)   |
| 2029 | 2,860,000        | 5.000         | 100%             | 266122BH(2)   |
| 2030 | 3,005,000        | 5.000         | 100              | 266122BJ(8)   |
| 2031 | 3,155,000        | 5.500         | 100%             | 266122BK(5)   |
| 2032 | 3,315,000        | 5.000         | 100              | 266122BL(3)   |
| 2034 | 3,585,000        | 5.000         | 100%             | 266122BN(9)   |

The Refunded Bonds may be redeemed on or after the Redemption Date upon presentation and surrender thereof to:

**By-Hand or Overnight Mail:**  
The Bank of New York  
Mellon Trust Company, N.A.  
Corporate Trust Division  
10161 Centurion Parkway  
Jacksonville, Florida 33526

**By Mail:**  
The Bank of New York  
Mellon Trust Company, N.A.  
Corporate Trust Division  
10161 Centurion Parkway  
Jacksonville, Florida 33526

Interest on the Refunded Bonds to be redeemed will cease to accrue on and after the Redemption Date.

NOTE: The provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 require bondholders to submit their Taxpayer Identification Number (either their social security or employer identification number, as appropriate) with each bond presented for payment (whether by purchase or redemption). Failure to comply with said Act will subject the payment of the principal portion of the purchase or redemption price to the withholding of thirty percent (30%) of such principal portion. To avoid being subject to such withholding, bondholders should submit an IRS Form W-9 at the time the bonds are presented for payment. Form W-9 is available from your local bank or broker.

FOR: COUNTY OF DUPLIN, NORTH CAROLINA  
BY: The Bank of New York Mellon  
Trust Company, N.A., as Trustee

\*The CUSIP number is included solely for the convenience of the Bondholders. The Trustee shall not be responsible for the selection or use of the CUSIP number, nor is any representation made to the correctness on the securities or as indicated on any notice.

Date: \_\_\_\_\_, 2026

{V0124454.1 010709-089218 }

EXHIBIT C

NOTICE OF DEFEASANCE AND REFUNDING  
TO HOLDERS OF COUNTY OF DUPLIN, NORTH CAROLINA  
\$ \_\_\_\_\_ LIMITED OBLIGATION BONDS, SERIES 20016

NOTICE IS HEREBY GIVEN to holders of the County of Duplin, North Carolina Limited Obligation Bonds, Series 2016, issued by the County on April 20, 2016 maturing on April 1 as shown below (the “Refunded Bonds”) issued by the County of Duplin, North Carolina (the “County”) on April 20, 2016 maturing on April 1 of 2027, 2028, 2029, 2030, 2031, 2032 and 2034 (the “Refunded Bonds”), that the Refunded Bonds have been defeased and are being called for redemption in the aggregate principal amount of \$21,240,000. The Refunded Bonds will be redeemed on April 1, 2026 (the “Redemption Date”) at a redemption price equal to 100% of their principal amount, plus interest accrued thereon to the Redemption Date as described below.

United States Treasury Obligations - State and Local Government Series and cash have been deposited with and The Bank of New York Mellon Trust Company N.A as Escrow Agent under an Escrow Deposit Agreement dated as of January 1, 2026, in an amount sufficient to pay principal amounts due and accrued interest on the Refunded Bonds to and on the Redemption Date and to pay on such date the remaining principal amount of the Refunded Bonds. Holders of the Refunded Bonds need not take any action with regard to the refunding at the present time. Notice of the time and manner of presenting the Refunded Bonds for redemption will be provided at a later date. The Refunded Bonds are described below.

| Year | Principal Amount | Interest Rate | Redemption Price | CUSIP Number* |
|------|------------------|---------------|------------------|---------------|
| 2027 | \$ 2,595,000     | 5.000%        | 100%             | 266122BF(6)   |
| 2028 | 2,725,000        | 5.000         | 100              | 266122BG(4)   |
| 2029 | 2,860,000        | 5.000         | 100%             | 266122BH(2)   |
| 2030 | 3,005,000        | 5.000         | 100              | 266122BJ(8)   |
| 2031 | 3,155,000        | 5.500         | 100%             | 266122BK(5)   |
| 2032 | 3,315,000        | 5.000         | 100              | 266122BL(3)   |
| 2034 | 3,585,000        | 5.000         | 100%             | 266122BN(9)   |

FOR: COUNTY OF DUPLIN, NORTH CAROLINA  
BY: The Bank of New York Mellon  
Trust Company, N.A., as Trustee

Dated: \_\_\_\_\_, 2026



S \_\_\_\_\_  
COUNTY OF DUPLIN, NORTH CAROLINA  
LIMITED OBLIGATION REFUNDING BOND  
SERIES 2026

BOND PURCHASE AGREEMENT

Dated as of January 1, 2026

Board of Commissioners  
County of Duplin  
224 Seminary Street  
Kenansville, NC 28349

Ladies and Gentlemen:

\_\_\_\_\_ (the “**Bank**”), hereby offers to enter into this Bond Purchase Agreement with the County of Duplin, North Carolina (the “**County**”) pursuant to the Bank’s written proposal to the County dated \_\_\_\_\_, 2025 (the “**Proposal**”) for the purchase by the Bank and sale by the County of its \$ \_\_\_\_\_ Limited Obligation Refunding Bond, Series 2026 (the “**Bond**”), to be dated January \_\_, 2026 as evidence of a loan (the “**Loan**”) to the County in the principal amount of the Bond.

The Bond shall be issued under and pursuant to a Resolution of the County adopted on December 1, 2025 (the “**Resolution**”) and a Trust Agreement, dated as of April 1, 2016 between The Bank of New York Mellon Trust Company, N.A. (the “**Trustee**”) and the County (the “**Master Trust Agreement**”), as supplemented by the First Supplemental Trust Agreement, dated as of April 1, 2016 between the Trustee and the County (the “**First Supplemental Trust Agreement**”) and a Second Supplemental Trust Agreement, dated as of January 1, 2026 between the Trustee and the County (the “**Second Supplemental Trust Agreement**” and, together with the Master Trust Agreement and the First Supplemental Trust Agreement, the “**Trust Agreement**”). The Bond shall be a limited obligation of the County pursuant to Section 20 of Chapter 160A of the General Statutes of North Carolina and Article 8 of Chapter 159 of the General Statutes of North Carolina and the County’s obligations thereunder shall not constitute a pledge of the faith and credit of the County within the meaning of any constitutional debt limitation or as otherwise prohibited by the North Carolina Constitution.

Unless otherwise indicated, the capitalized terms used in this Bond Purchase Agreement have the meanings assigned to them in the Resolution.

**Section 1.    TERMS AND CONDITIONS**

Upon the terms and conditions and upon the basis of the representations set forth herein, the Bank and the County agree to the Loan as evidenced by the Bond, in the amount of 100% of the aggregate principal amount of the Bond (the “**Purchase Price**”). The Bond shall be as described in, and shall have the terms and conditions, including but not limited to the payment

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dates for principal and interest and redemption or prepayment provisions, set forth in the Second Supplemental Agreement of Trust.

Proceeds of the Bond will be used to prepay and refund the County’s outstanding \$52,640,000 Limited Obligation Bonds (the “**Series 2016 Bonds**”) maturing on April 1 of 2027, 2028, 2029, 2030, 2031, 2032 and 2034 (the “**Refunded Bonds**”) and pay certain costs of issuance of the Series 2026 Bond, as provided for in the Second Supplemental Trust Agreement and an Escrow Deposit Agreement dated as of January 1, 2026 (the “**Escrow Agreement**”) between the County and The Bank of New York Mellon Trust Company, N.A., as escrow agent (the “**Escrow Agent**”). The Series 2016 Bonds maturing on April 1 of 2033, 2035 and 2036 (the “**Nonrefunded Bonds**”) will not be prepaid and refunded but will remain outstanding. The County’s payment obligations with respect to the Bond shall be secured by a Deed of Trust dated as of April 1, 2026 from the County to a Deed of Trust Trustee for the benefit of the Trustee (the “**Deed of Trust**”) as supplemented by a Supplement to Deed of Trust dated as of January 1, 2026 from the County to a Deed of Trust Trustee (the “**Supplement to Deed of Trust**”)

The Bond and the Resolution and all other documents providing for the issuance of and security for the Bond shall be in the forms heretofore delivered to us, with only such changes as shall be mutually agreeable to the Bank and the County. The Bond will not be (i) assigned a specific rating by any rating agency, (ii) registered with The Depository Trust Company or any other securities depository, (iii) issued pursuant to any type of official statement, private placement memorandum or other offering document, or (iv) assigned a CUSIP number by Standard & Poor’s CUSIP Service.

**Section 2.    REPRESENTATIONS AND WARRANTIES OF THE COUNTY**

The County represents, warrants and agrees with the Bank that, subject to the conditions precedent stated herein:

- (a) The County is duly organized and validly existing, with the power and authority (1) enter into the Loan transaction and to issue, sell and deliver the Bond to the Bank as provided herein and (2) to consummate all transactions contemplated by, and perform its obligations under, this Bond Purchase Agreement, the Trust Agreement, the Escrow Agreement, the Supplement to Deed of Trust and the Bond;
- (b) When delivered to, and paid for by, the Bank at the Closing in accordance with the provisions of the Trust Agreement, the Bond will have been duly authorized, executed, issued and delivered and will constitute an outstanding obligation of the County payable from the sources specified in the Trust Agreement;
- (c) The adoption and the execution and delivery of the Resolution, this Bond Purchase Agreement, the Second Supplemental Trust Agreement, the Escrow Agreement, the Supplement to Deed of Trust and the Bond (collectively, the “**Documents**”) and compliance with the provisions thereof, under the circumstances contemplated hereby and thereby, will not (i) violate the Constitution or laws of the State of North Carolina, or any other existing law, rule, regulation, order, writ, judgment, injunction, decree, or

2

determination of any court, regulatory agency or other governmental unit by which the County is bound, or (ii) conflict with, result in a breach of, or constitute a default under, any existing resolution, Resolution, indenture of trust or mortgage, loan or credit agreement, or any other existing agreement or instrument to which the County is a party or by which the County may be bound;

(d) The Board of Commissioners of the County has duly authorized the execution and delivery, and approved the performance by the County, of its obligations contained in the Documents;

(e) All approvals, consents and orders, if any, of any governmental authority, board, agency or commission having jurisdiction over the County which would constitute a condition precedent to the performance by the County of its obligations hereunder and under the Bond and the other Documents have been obtained;

(f) No suit, action, proceeding or investigation is pending or, to the knowledge of the County, threatened against or affecting any of the County's properties, or against or affecting the County, before any court or governmental department, commission, board, bureau, agency or instrumentality which involves or would materially affect any of the transactions contemplated hereby or by the other Documents, or which, if determined adversely, could have a material adverse effect on (i) the organization or existence of the County, (ii) the execution and delivery by the County of the Documents, (iii) the performance by the County of its obligations under the Documents, (iv) the validity or enforceability of the Documents or the transactions contemplated thereby, (v) the title or authority of any County officials executing the Documents or other documents relating to the transactions contemplated thereby, (vi) any authority or proceeding relating to the execution and delivery of the Documents on behalf of the County or, (vii) any authority of the County to perform the County's obligations under the Resolution;

(g) No set of facts exists that, either immediately upon execution and delivery of any of the Documents or with the passage of time or giving of notice, or both, thereafter, would cause or lead to a default or an Event of Default under any of such Documents;

(h) The County has complied with all the agreements and satisfied all the conditions on its part required to be performed or satisfied at or prior to the Closing;

(i) There has been no material adverse change in the financial condition of the County between June 30, 2025 and the date of this Bond Purchase Agreement.

(j) The County acknowledges and agrees that (i) the making of the Loan and purchase of the Bond pursuant to this Bond Purchase Agreement is an arm's-length commercial transaction between the County and the Bank, (ii) in connection with such transaction, the Bank is acting solely as a principal and not as an agent or a fiduciary of the County, (iii) the Bank has not assumed (individually or collectively) an advisory or

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fiduciary responsibility in favor of the County with respect to the Bond, (iv) the Bank has financial and other interests that differ from those of the County; and (v) the County has consulted with its own legal and financial advisors to the extent it deemed appropriate in connection with the Bond.

### **Section 3. CLOSING**

At 10:00 a.m., Raleigh, North Carolina time, on or before January \_\_, 2026, or at such other time or date as the County and the Bank shall mutually agree upon (**the "Closing"**), the County will deliver or cause to be delivered to the Bank at the offices of the Bank, or at such other place as the County and the Bank may mutually agree upon, the Bond in registered form, duly executed by the County, and will deliver or cause to be delivered other documents in accordance with Section 4 below.

### **Section 4. CONDITIONS PRECEDENT TO CLOSING**

The Bank has entered into this Bond Purchase Agreement in reliance upon the County's representations and agreements herein and the performance by the County of its obligations hereunder, as of the Closing and for so long as the Bond remains Outstanding insofar as the County's agreements, covenants, duties and obligations are contained in this Bond Purchase Agreement. The Bank's obligations under this Bond Purchase Agreement to take up and pay for the Bond are and shall be subject to the conditions set forth in Section 208 of the Master Trust Agreement and Section 204 of the Second Supplemental Trust Agreement.

### **Section 5. DISBURSEMENTS**

At Closing, concurrently with the delivery of the Bond to the Bank, the Bank will accept such delivery and will cause the payment as directed by the County or the County's financial advisor, by immediately available funds, of the Purchase Price of the Bond as set forth in the Second Supplemental Agreement of Trust, the Escrow Agreement and a closing memorandum prepared by the County's financial advisor.

### **Section 6. EXPENSES AND COSTS**

The expenses and costs of the County incident to the issuance of the Bond, including the fees and expenses of the County's financial advisor and bond counsel, shall be paid from proceeds of the Bond or other legally available funds of the County.

### **Section 7. PREPAYMENT**

The Bond is prepayable as set forth in the Second Supplemental Trust Agreement.

Section 8. REPRESENTATION OF BANK

The Bank represents and warrants to the County that the making of the loan evidenced by the purchase of the Bond is for its individual loan account and for the loan accounts of the Bank's corporate affiliates only and not for distribution to other banks thereof.

Section 9. NOTICES

Any notice or other communication to be given to the parties under this Bond Purchase Agreement shall be in writing and shall be deemed delivered if delivered in person or sent by certified mail, return receipt requested, to the parties as follows:

If to the County, to: County of Duplin, North Carolina  
224 Seminary Street  
Kenansville, North Carolina 28349  
Attention: County Manager

And if to the Bank, to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ 2 \_\_\_\_\_  
(Attn: \_\_\_\_\_)

Section 10. LIMITED BENEFIT; SURVIVABILITY

This Bond Purchase Agreement is made solely for the benefit of the County and the Bank, and no other person, partnership, association or corporation shall acquire or have any right hereunder or by virtue hereof. All representations and agreements by the County in this Bond Purchase Agreement shall remain operative and in full force and effect regardless of any investigation made by or on behalf of the Bank and shall survive the delivery of and payment for the Bond.

Section 11. FINANCIAL REPORTS

The County shall furnish the Bondholder, while the Bond is Outstanding, with a copy of the County's comprehensive annual financial report within 210 days of the end of the County's fiscal year and such other financial information as may be reasonably requested by the Bondholder.

Section 12. APPLICABLE LAW

The rights and obligations of the parties to this Bond Purchase Agreement shall be governed by, and construed and enforced in accordance with, the laws of the State of North Carolina, exclusive of its conflicts of laws provisions.

Section 13. APPROVAL

The approval of the Bank when required hereunder, or the determination of its satisfaction as to any document referred to herein, shall be in writing signed by the Bank and delivered to the County.

Section 14. COUNTERPARTS

This Bond Purchase Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement.

*[Signature Page to Follow]*



Very truly yours,  
  
\_\_\_\_\_ BANK

By: \_\_\_\_\_  
Title: Senior Vice President

ACCEPTED BY:  
  
COUNTY OF DUPLIN, NORTH CAROLINA  
  
By: \_\_\_\_\_  
Interim County Manager  
  
Attest:  
  
By: \_\_\_\_\_  
Clerk to the Duplin County  
Board of Commissioners

Duplin County, NC  
JOURNAL INQUIRY

AGENDA

| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC   | CLERK            | ENTITY                   | AUTO-REV | STATUS | BUD YEAR | JNL TYPE |
|---------------------|------|---------|------|------------|------------|------------|------------------|--------------------------|----------|--------|----------|----------|
| 2026                | 05   | 31      | BUA  | 11/04/2025 | 11/04/2025 | Transfer   | justin.cox       | 1                        | N        | Hist   | 2026     |          |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3       | LINE DESCRIPTION |                          |          | DEBIT  | CREDIT   | OB       |
| ACCOUNT DESCRIPTION |      |         |      |            |            |            |                  |                          |          |        |          |          |
| 1                   | 4230 | 43540   |      |            |            |            | T                | Move to Travel           |          |        |          | 1,000.00 |
| 2                   | 4230 | 43110   |      |            |            |            | T                | SOFTWARE MAINTENANCE     |          |        | 1,000.00 |          |
|                     |      |         |      |            |            |            |                  | Move to Travel           |          |        |          |          |
|                     |      |         |      |            |            |            |                  | TRAVEL                   |          |        |          |          |
| ** JOURNAL TOTAL    |      |         |      |            |            |            |                  |                          |          | 0.00   | 0.00     |          |
| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC   | CLERK            | ENTITY                   | AUTO-REV | STATUS | BUD YEAR | JNL TYPE |
| 2026                | 05   | 39      | BUA  | 11/05/2025 | 11/05/2025 | neg lines  | samantha.kennedy | 1                        | N        | Hist   | 2026     |          |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3       | LINE DESCRIPTION |                          |          | DEBIT  | CREDIT   | OB       |
| ACCOUNT DESCRIPTION |      |         |      |            |            |            |                  |                          |          |        |          |          |
| 1                   | 5188 | 41990   |      |            |            |            | T                | PROFESSIONAL SERVICES    |          |        |          | 904.08   |
| 2                   | 5188 | 42990   |      |            |            |            | T                | PROFESSIONAL SERVICES    |          |        | 600.00   |          |
| 3                   | 5188 | 43210   |      |            |            |            | T                | INCENTIVES               |          |        | 304.08   |          |
|                     |      |         |      |            |            |            |                  | TELEPHONE                |          |        |          |          |
| ** JOURNAL TOTAL    |      |         |      |            |            |            |                  |                          |          | 0.00   | 0.00     |          |
| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC   | CLERK            | ENTITY                   | AUTO-REV | STATUS | BUD YEAR | JNL TYPE |
| 2026                | 05   | 102     | BUA  | 11/10/2025 | 11/10/2025 | 1          | teresa.chambers  | 1                        | N        | Hist   | 2026     |          |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3       | LINE DESCRIPTION |                          |          | DEBIT  | CREDIT   | OB       |
| ACCOUNT DESCRIPTION |      |         |      |            |            |            |                  |                          |          |        |          |          |
| 1                   | 4920 | 49807   |      |            |            | move funds | T                | Xfer from Project Match  |          |        |          | 5,500.00 |
| 2                   | 4924 | 45930   |      |            |            | move funds | T                | PROJECT MATCH FOR GRANTS |          |        |          |          |
|                     |      |         |      |            |            |            |                  | Xfer from Project Match  |          |        | 5,500.00 |          |
|                     |      |         |      |            |            |            |                  | CSX RAIL                 |          |        |          |          |
| ** JOURNAL TOTAL    |      |         |      |            |            |            |                  |                          |          | 0.00   | 0.00     |          |
| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC   | CLERK            | ENTITY                   | AUTO-REV | STATUS | BUD YEAR | JNL TYPE |
| 2026                | 05   | 118     | BUA  | 11/12/2025 | 11/12/2025 | Postage    | adwanda.bell     | 1                        | N        | Hist   | 2026     |          |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3       | LINE DESCRIPTION |                          |          | DEBIT  | CREDIT   | OB       |
| ACCOUNT DESCRIPTION |      |         |      |            |            |            |                  |                          |          |        |          |          |

Duplin County, NC



JOURNAL INQUIRY

| YEAR             | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC  | CLERK                | ENTITY | AUTO-REV | STATUS   | BUD YEAR | JNL TYPE |
|------------------|------|---------|------|------------|------------|-----------|----------------------|--------|----------|----------|----------|----------|
| 2026             | 05   | 118     | BUA  | 11/12/2025 | 11/12/2025 | Postage   | adwanda.bell         | 1      | N        | Hist     | 2026     |          |
| LN               | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3      | LINE DESCRIPTION     |        |          | DEBIT    | CREDIT   | OB       |
|                  |      |         |      |            |            |           | ACCOUNT DESCRIPTION  |        |          |          |          |          |
| 1                | 4952 | 43250   |      |            |            | Postag    | T                    |        |          | 10.45    |          |          |
| 2                | 4952 | 42600   |      |            |            | Postag    | T                    |        |          |          | 10.45    |          |
|                  |      |         |      |            |            |           | OFFICE SUPPLIES      |        |          |          |          |          |
| ** JOURNAL TOTAL |      |         |      |            |            |           |                      |        |          | 0.00     | 0.00     |          |
| YEAR             | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC  | CLERK                | ENTITY | AUTO-REV | STATUS   | BUD YEAR | JNL TYPE |
| 2026             | 05   | 155     | BUA  | 11/13/2025 | 11/13/2025 | Transfer  | justin.cox           | 1      | N        | Hist     | 2026     |          |
| LN               | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3      | LINE DESCRIPTION     |        |          | DEBIT    | CREDIT   | OB       |
|                  |      |         |      |            |            |           | ACCOUNT DESCRIPTION  |        |          |          |          |          |
| 1                | 4230 | 43540   |      |            |            |           | T                    |        |          |          |          | 500.00   |
|                  |      |         |      |            |            |           | move to travel       |        |          |          |          |          |
| 2                | 4230 | 43110   |      |            |            |           | T                    |        |          | 500.00   |          |          |
|                  |      |         |      |            |            |           | SOFTWARE MAINTENANCE |        |          |          |          |          |
|                  |      |         |      |            |            |           | move to travel       |        |          |          |          |          |
|                  |      |         |      |            |            |           | TRAVEL               |        |          |          |          |          |
| ** JOURNAL TOTAL |      |         |      |            |            |           |                      |        |          | 0.00     | 0.00     |          |
| YEAR             | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC  | CLERK                | ENTITY | AUTO-REV | STATUS   | BUD YEAR | JNL TYPE |
| 2026             | 05   | 230     | BUA  | 11/19/2025 | 11/19/2025 | Overages  | holly.horne          | 1      | N        | Hist     | 2026     |          |
| LN               | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3      | LINE DESCRIPTION     |        |          | DEBIT    | CREDIT   | OB       |
|                  |      |         |      |            |            |           | ACCOUNT DESCRIPTION  |        |          |          |          |          |
| 1                | 6110 | 42600   |      |            |            |           | T                    |        |          | 6,000.00 |          |          |
|                  |      |         |      |            |            |           | Office supplies      |        |          |          |          |          |
| 2                | 6110 | 45600   |      |            |            |           | T                    |        |          |          | 6,000.00 |          |
|                  |      |         |      |            |            |           | OFFICE SUPPLIES      |        |          |          |          |          |
|                  |      |         |      |            |            |           | Books/State aid      |        |          |          |          |          |
|                  |      |         |      |            |            |           | BOOKS                |        |          |          |          |          |
| ** JOURNAL TOTAL |      |         |      |            |            |           |                      |        |          | 0.00     | 0.00     |          |
| YEAR             | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC  | CLERK                | ENTITY | AUTO-REV | STATUS   | BUD YEAR | JNL TYPE |
| 2026             | 05   | 271     | BUA  | 11/20/2025 | 11/20/2025 | Computers | anita.savage         | 1      | N        | Hist     | 2026     |          |
| LN               | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3      | LINE DESCRIPTION     |        |          | DEBIT    | CREDIT   | OB       |
|                  |      |         |      |            |            |           | ACCOUNT DESCRIPTION  |        |          |          |          |          |

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Duplin County, NC



JOURNAL INQUIRY

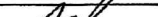
| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC  | CLERK                         | ENTITY | AUTO-REV | STATUS   | BUD YEAR | JNL TYPE |
|---------------------|------|---------|------|------------|------------|-----------|-------------------------------|--------|----------|----------|----------|----------|
| 2026                | 05   | 271     | BUA  | 11/20/2025 | 11/20/2025 | Computers | anita.savage                  | 1      | N        | Hist     | 2026     |          |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3      | LINE DESCRIPTION              |        |          | DEBIT    | CREDIT   | OB       |
| ACCOUNT DESCRIPTION |      |         |      |            |            |           |                               |        |          |          |          |          |
| 1                   | 4181 | 41804   |      |            |            |           | T                             |        |          |          |          | 1,383.98 |
| 2                   | 4181 | 42600   |      |            |            |           | T                             |        |          | 1,383.98 |          |          |
|                     |      |         |      |            |            |           | A E & P RESERVE               |        |          |          |          |          |
|                     |      |         |      |            |            |           | OFFICE SUPPLIES               |        |          |          |          |          |
| ** JOURNAL TOTAL    |      |         |      |            |            |           |                               |        |          | 0.00     | 0.00     |          |
| YEAR                | PER  | JOURNAL | SRC  | EFF DATE   | ENT DATE   | JNL DESC  | CLERK                         | ENTITY | AUTO-REV | STATUS   | BUD YEAR | JNL TYPE |
| 2026                | 05   | 297     | BUA  | 11/24/2025 | 11/24/2025 | BA        | jordan.whaley                 | 1      | N        | Hist     | 2026     |          |
| LN                  | ORG  | OBJECT  | PROJ | REF1       | REF2       | REF3      | LINE DESCRIPTION              |        |          | DEBIT    | CREDIT   | OB       |
| ACCOUNT DESCRIPTION |      |         |      |            |            |           |                               |        |          |          |          |          |
| 1                   | 6130 | 41990   |      |            |            |           | T                             |        |          |          |          | 4,000.00 |
| 2                   | 6130 | 43520   |      |            |            |           | T                             |        |          |          |          | 1,500.00 |
| 3                   | 6130 | 43510   |      |            |            |           | T                             |        |          | 5,500.00 |          |          |
|                     |      |         |      |            |            |           | REPAIRS & MAINTENANCE EQUIPME |        |          |          |          |          |
|                     |      |         |      |            |            |           | REPAIRS BUILDING AND GROUNDS  |        |          |          |          |          |
| ** JOURNAL TOTAL    |      |         |      |            |            |           |                               |        |          | 0.00     | 0.00     |          |
| ** GRAND TOTAL      |      |         |      |            |            |           |                               |        |          | 0.00     | 0.00     |          |

8 Journals printed

\*\* END OF REPORT - Generated by CHELSEY LANIER \*\*

AGENDA

LL 10-24-25  
G 10-24-25  
AN 10-24-25

| TOWN OF KENANSVILLE                                                                             |          |      |          |                |           |                    |               |                                    |
|-------------------------------------------------------------------------------------------------|----------|------|----------|----------------|-----------|--------------------|---------------|------------------------------------|
| TAX REQUEST                                                                                     |          |      |          |                |           |                    |               |                                    |
| RELEASE DATE NOVEMBER 3, 2025                                                                   |          |      |          |                |           |                    |               |                                    |
| NAME                                                                                            | TOWNSHIP | TOWN | TAX YEAR | ACCOUNT NUMBER | TOWN TAX  | LATE LIST PENALTY  | TOTAL RELEASE | REASON FOR RELEASE                 |
| HOWARD, PAMELA S.                                                                               | 13       | T-72 | 2025     | 4187753        | \$ 356.00 |                    | \$ 356.00     | APPLIED LATE FOR ELDERLY EXEMPTION |
| GRAND TOTAL                                                                                     |          |      |          |                | \$ 356.00 | \$ -               | \$ 356.00     |                                    |
| SUBMITTED BY:  |          |      |          |                |           |                    |               |                                    |
| FINAL APPROVAL BY:                                                                              |          |      |          | DATE APPROVED: |           | November 4th, 2025 |               |                                    |

AGENDA

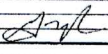
4-25  
G 10-24-25  
AN 10-24-25

| TOWN OF GREENEVERS                                   |          |      |          |                                  |          |                   |               |                                   |
|------------------------------------------------------|----------|------|----------|----------------------------------|----------|-------------------|---------------|-----------------------------------|
| TAX REQUEST                                          |          |      |          |                                  |          |                   |               |                                   |
| RELEASE DATE NOVEMBER 3, 2025                        |          |      |          |                                  |          |                   |               |                                   |
| NAME                                                 | TOWNSHIP | TOWN | TAX YEAR | ACCOUNT NUMBER                   | TOWN TAX | LATE LIST PENALTY | TOTAL RELEASE | REASON FOR RELEASE                |
| ALLEN, AUDREY E.                                     | 09       | T-71 | 2025     | 1004806                          | \$ 15.73 |                   | \$ 15.73      | PARCEL NOT IN TOWN LIMITS         |
| JAMES, MARY ALICE                                    | 09       | T-71 | 2025     | 4363690                          | \$ 69.70 |                   | \$ 69.70      | SIGNED LATE FOR ELDERLY EXEMPTION |
| GRAND TOTAL                                          |          |      |          |                                  | \$ 85.43 | \$ -              | \$ 85.43      |                                   |
| SUBMITTED BY: <i>[Signature]</i>                     |          |      |          |                                  |          |                   |               |                                   |
| FINAL APPROVAL BY: Greenevers Board of Commissioners |          |      |          | DATE APPROVED: November 10, 2025 |          |                   |               |                                   |

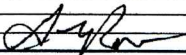


AGENDA

LL 10-10-24  
CW 10-10-24  
RW 10-10-24

| TOWN OF ROSE HILL<br>TAX REQUEST<br>RELEASE DATE OCTOBER 21, 2024                               |          |      |          |                |           |                                                                                                             |               |                                    |
|-------------------------------------------------------------------------------------------------|----------|------|----------|----------------|-----------|-------------------------------------------------------------------------------------------------------------|---------------|------------------------------------|
| NAME                                                                                            | TOWNSHIP | TOWN | TAX YEAR | ACCOUNT NUMBER | TOWN TAX  | LATE LIST PENALTY                                                                                           | TOTAL RELEASE | REASON FOR RELEASE                 |
| BARRIOS, ALFREDO & WF LEILA BARRIOS                                                             | 11       | T-77 | 2024     | 0284788        | \$ 350.63 |                                                                                                             | \$ 350.63     | APPLIED LATE FOR ELDERLY EXEMPTION |
| GRAND TOTAL                                                                                     |          |      |          |                | \$ 350.63 | \$ -                                                                                                        | \$ 350.63     |                                    |
| SUBMITTED BY:  |          |      |          |                |           |                                                                                                             |               |                                    |
|                                                                                                 |          |      |          |                |           | DATE APPROVED: 11-12-25  |               |                                    |

LL 11-12-25  
AD 11-12-25  
CW 11-12-25

| TOWN OF ROSE HILL<br>TAX REQUEST<br>RELEASE DATE DECEMBER 1, 2025                                      |          |      |          |                |                         |                   |               |                                    |
|--------------------------------------------------------------------------------------------------------|----------|------|----------|----------------|-------------------------|-------------------|---------------|------------------------------------|
| NAME                                                                                                   | TOWNSHIP | TOWN | TAX YEAR | ACCOUNT NUMBER | TOWN TAX                | LATE LIST PENALTY | TOTAL RELEASE | REASON FOR RELEASE                 |
| ALKHANSHALI, AMAR                                                                                      | 11       | T-77 | 2025     | 010002902      | \$ 0.64                 |                   | \$ 0.64       | HOUSE REMOVED                      |
| CAVANAUGH, ARTHUR R., JR                                                                               | 11       | T-77 | 2025     | 10006426       | \$ 39.41                | \$ 3.94           | \$ 43.35      | SOLD BOAT IN 2023 PER BILL OF SALE |
| CAVANAUGH, ARTHUR R., JR                                                                               | 11       | T-77 | 2024     | 10006426       | \$ 112.50               | \$ 11.25          | \$ 123.75     | SOLD BOAT IN 2023 PER BILL OF SALE |
| DARDEN, RICHARD GRAHAM                                                                                 | 11       | T-77 | 2025     | 2166226        | \$ 1,361.92             |                   | \$ 1,361.92   | PARCEL IS NOT IN TOWN LIMITS       |
| GRAND TOTAL                                                                                            |          |      |          |                | \$ 1,514.47             | \$ 15.19          | \$ 1,529.66   |                                    |
| SUBMITTED BY:       |          |      |          |                |                         |                   |               |                                    |
| FINAL APPROVAL BY:  |          |      |          |                | DATE APPROVED: 11-12-25 |                   |               |                                    |

AGENDA

LL 10-24-25  
CW 10-24-25  
AD 10-24-25

| TOWN OF WALLACE<br>TAX REQUEST<br>RELEASE DATE NOVEMBER 3, 2025                                |          |      |          |                |             |                   |               |                                    |
|------------------------------------------------------------------------------------------------|----------|------|----------|----------------|-------------|-------------------|---------------|------------------------------------|
| NAME                                                                                           | TOWNSHIP | TOWN | TAX YEAR | ACCOUNT NUMBER | TOWN TAX    | LATE LIST PENALTY | TOTAL RELEASE | REASON FOR RELEASE                 |
| PADILLA, AURA LILIANA                                                                          | 09       | T-79 | 2025     | 6578760        | \$ 500.32   |                   | \$ 500.32     | APPLIED LATE FOR ELDERLY EXEMPTION |
| PEREZ, JUANA GEORGINA                                                                          | 09       | T-79 | 2025     | 1004172        | \$ 380.81   |                   | \$ 380.81     | APPLIED LATE FOR ELDERLY EXEMPTION |
| RAYNOR, JEANETTE                                                                               | 09       | T-79 | 2025     | 1004810        | \$ 273.75   |                   | \$ 273.75     | APPLIED LATE FOR ELDERLY EXEMPTION |
| GRAND TOTAL                                                                                    |          |      |          |                | \$ 1,154.88 | \$ -              | \$ 1,154.88   |                                    |
| SUBMITTED BY: <i>[Signature]</i> FINAL APPROVAL BY: <i>[Signature]</i> DATE APPROVED: 11-13-25 |          |      |          |                |             |                   |               |                                    |

DUPLIN COUNTY ANIMAL SERVICES

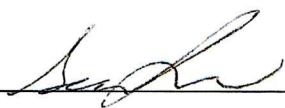
Sep-25

AGENDA

|                                 |             |
|---------------------------------|-------------|
| CANINE ADOPTION FEE             | \$ 170.00   |
| PUPPY ADOPTION FEE              | \$ 100.00   |
| RESCUE DOG TRANSFER FEES        | \$ 650.00   |
| FELINE ADOPTION FEE             | \$ 60.00    |
| KITTEN ADOPTION FEE             | \$ 280.00   |
| RESCUE CAT TRANSFER FEE         | \$ 20.00    |
| LONNIE'S ANGELS 72-22065        | \$ 45.00    |
| HORSE/GOAT FEE                  |             |
| RODENT/PIG/RABBIT/GUINEA PIG    |             |
| RABIES VACCINATION REQUIRED     |             |
| DUTY TO CONTROL 3RD             |             |
| DUTY TO CONTROL 1ST             | \$ 300.00   |
| NUISANCE ANIMAL PROHIBITE       | \$ 150.00   |
| DOG AT- LARGE PROHIBITED 1ST    | \$ 100.00   |
| DOG AT- LARGE PROHIBITED 3RD    |             |
| RABIES VACCINATION REQUIRED     | \$ 500.00   |
| NUISANCE ANIMAL PROHIBITED 1ST  |             |
| NUISANCE ANIMAL PROHIBITED 3RD  |             |
| CRUELTY AND NEGLECT             | \$ 250.00   |
| CANINE VOUCHER                  | \$ -        |
| FELINE VOUCHER                  | \$ -        |
| LONNIE'S ANGELS VOCHER          |             |
| RABIES CLINIC VACCINE           |             |
| RABVAC                          | \$ 440.00   |
| BORDETELLA                      | \$ 310.00   |
| DURAMUNE MAX 5                  | \$ 310.00   |
| FELINE FELOCEL CVR-C            | \$ 40.00    |
| BITE INVESTIGATION              | \$ 750.00   |
| BOARDING FEE                    | \$ 105.00   |
| BUILDING FUND 71-3438-381       |             |
| POTENTIALLY DANGEROUS ANNUAL    |             |
| DANGEROUS ANNUAL                | \$ 300.00   |
| GENERAL DONATION                |             |
| JUDGEMENTS 4380-34347           |             |
| MISC 10-3438-410                |             |
| OWNER SURRENDER EUTHANASIA      | \$ 50.00    |
| OWNER SURRENDER FEE 10-3438-410 |             |
| OWNER SURRENDER PER LITTER      |             |
| OWNER SURRENDER TRANSPORT       |             |
| RECLAIM FEE                     | \$ 180.00   |
| MICROCHIP                       |             |
| BOARDING FEE FOR LIVESTOCK      |             |
| RECLAIM LIVESTOCK FEE           |             |
| VETERINARIAN SERVICES           |             |
| VET FEES                        |             |
| TOTAL AMOUNT                    | \$ 5,110.00 |



SIGNATURE



Revenue Report

Print Date    Tuesday, November 11, 2025

|                   |                       |              |     |
|-------------------|-----------------------|--------------|-----|
| Receipt Date From | 9/1/2025 12:00:00 AM  | Item         | All |
| Receipt Date To   | 9/30/2025 11:59:00 PM | Item Group   | All |
| Account Code      | All                   | Site         | All |
| Cash Drawer       | All                   | Payment Type | All |
| Refunds           | Include               |              |     |

| Receipt#                      | Account  | Receipt Date    | Animal | Person          | Payment           | Subtotal         | Discount      | Reason         | Tax             | Total Due    | Total    |
|-------------------------------|----------|-----------------|--------|-----------------|-------------------|------------------|---------------|----------------|-----------------|--------------|----------|
| Paid Cash                     |          | Paid Check      |        | Paid Debit      |                   | Paid Credit Card |               | Paid Gift Card |                 | Paid Voucher |          |
| Item                          | Code     | Cash Drawer     |        | Type            | (# Units @ Price) | Staff Person     | Reference     |                |                 | Total Paid   |          |
| Item Number                   |          | IRN             |        | UPC#            | Item Type         |                  | Item Category |                |                 | Late Fee     |          |
| (# Units @ Cost)              | Markup % | Tax Code 1 (\$) |        | Tax Code 2 (\$) |                   | Discount %       | Site          |                |                 |              |          |
| * DOG AT LARGE PROHIBITED 1ST |          |                 |        |                 |                   | Subtotal         | Discount      | Tax            | Total Due/Paid  | Total        |          |
|                               |          |                 |        |                 |                   | \$100.00         | \$0.00        | \$0.00         | \$0.00/\$100.00 | \$100.00     | ✓        |
| <No Account Code>             |          |                 |        |                 |                   | Total Items: 2   | \$100.00      | \$0.00         | \$0.00          | \$100.00     | \$100.00 |
| * KITTEN ADOPTION FEE         |          |                 |        |                 |                   | Subtotal         | Discount      | Tax            | Total Due/Paid  | Total        |          |
|                               |          |                 |        |                 |                   | \$280.00         | \$0.00        | \$0.00         | \$0.00/\$280.00 | \$280.00     | ✓        |
| <No Account Code>             |          |                 |        |                 |                   | Total Items: 8   | \$280.00      | \$0.00         | \$0.00          | \$280.00     | \$280.00 |
| * PUPPY ADOPTION FEE          |          |                 |        |                 |                   | Subtotal         | Discount      | Tax            | Total Due/Paid  | Total        |          |
|                               |          |                 |        |                 |                   | \$100.00         | \$0.00        | \$0.00         | \$0.00/\$100.00 | \$100.00     | ✓        |
| <No Account Code>             |          |                 |        |                 |                   | Total Items: 5   | \$100.00      | \$0.00         | \$0.00          | \$100.00     | \$100.00 |
| * RABIES VACCINATION REQUIRED |          |                 |        |                 |                   | Subtotal         | Discount      | Tax            | Total Due/Paid  | Total        |          |
|                               |          |                 |        |                 |                   | \$500.00         | \$0.00        | \$0.00         | \$0.00/\$500.00 | \$500.00     | ✓        |
| <No Account Code>             |          |                 |        |                 |                   | Total Items: 2   | \$500.00      | \$0.00         | \$0.00          | \$500.00     | \$500.00 |
| * CANINE ADOPTION FEE         |          |                 |        |                 |                   | Subtotal         | Discount      | Tax            | Total Due/Paid  | Total        |          |
|                               |          |                 |        |                 |                   | \$170.00         | \$0.00        | \$0.00         | \$0.00/\$170.00 | \$170.00     | ✓        |
| <No Account Code>             |          |                 |        |                 |                   | Total Items: 17  | \$170.00      | \$0.00         | \$0.00          | \$170.00     | \$170.00 |
| * CRUELTY AND NEGLECT         |          |                 |        |                 |                   | Subtotal         | Discount      | Tax            | Total Due/Paid  | Total        |          |
|                               |          |                 |        |                 |                   | \$250.00         | \$0.00        | \$0.00         | \$0.00/\$250.00 | \$250.00     | ✓        |
| <No Account Code>             |          |                 |        |                 |                   | Total Items: 1   | \$250.00      | \$0.00         | \$0.00          | \$250.00     | \$250.00 |



| Receipt#                    | Account           | Receipt Date    | Animal | Person     | Payment         | Subtotal          | Discount     | Reason         | Tax    | Total Due        | Total    |
|-----------------------------|-------------------|-----------------|--------|------------|-----------------|-------------------|--------------|----------------|--------|------------------|----------|
| Paid Cash                   |                   | Paid Check      |        | Paid Debit |                 | Paid Credit Card  |              | Paid Gift Card |        | Paid Voucher     |          |
| Item                        | Code              | Cash Drawer     |        |            | Type            | (# Units @ Price) | Staff Person | Reference      |        | Total Paid       |          |
| Item Number                 |                   | IRN             |        |            | UPC#            | Item Type         |              | Item Category  |        | Late Fee         |          |
| (# Units @ Cost)            | Markup %          | Tax Code 1 (\$) |        |            | Tax Code 2 (\$) |                   | Discount %   | Site           |        |                  |          |
| *DUTY TO CONTROL-1ST        |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
| 762440005                   |                   |                 |        |            |                 | \$300.00          | \$0.00       |                | \$0.00 | \$0.00/\$300.00  | \$300.00 |
|                             | 76-2440-005       |                 |        |            |                 | Total Items: 6    | \$300.00     | \$0.00         | \$0.00 | \$300.00         | \$300.00 |
| *FELINE ADOPTION FEE        |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             | <No Account Code> |                 |        |            |                 | \$60.00           | \$0.00       |                | \$0.00 | \$0.00/\$60.00   | \$60.00  |
|                             |                   |                 |        |            |                 | Total Items: 4    | \$60.00      | \$0.00         | \$0.00 | \$60.00          | \$60.00  |
| *LONNIE'S ANGELS 72-22065   |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             | <No Account Code> |                 |        |            |                 | \$45.00           | \$0.00       |                | \$0.00 | \$0.00/\$45.00   | \$45.00  |
|                             |                   |                 |        |            |                 | Total Items: 2    | \$45.00      | \$0.00         | \$0.00 | \$45.00          | \$45.00  |
| *NUISANCE ANIMAL PROHIBITE  |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
| 1ST                         |                   |                 |        |            |                 | \$150.00          | \$0.00       |                | \$0.00 | \$0.00/\$150.00  | \$150.00 |
|                             | <No Account Code> |                 |        |            |                 | Total Items: 3    | \$150.00     | \$0.00         | \$0.00 | \$150.00         | \$150.00 |
| *RESCUE CAT TRANSFER FEES   |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             |                   |                 |        |            |                 | \$20.00           | \$0.00       |                | \$0.00 | \$0.00/\$20.00   | \$20.00  |
|                             | 4380-34346        |                 |        |            |                 | Total Items: 1    | \$20.00      | \$0.00         | \$0.00 | \$20.00          | \$20.00  |
| *RESCUE DOG TRANSFER FEES   |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             |                   |                 |        |            |                 | \$650.00          | \$0.00       |                | \$0.00 | \$0.00/\$650.00  | \$650.00 |
|                             | 4380-34346        |                 |        |            |                 | Total Items: 26   | \$650.00     | \$0.00         | \$0.00 | \$650.00         | \$650.00 |
| 1BORDETELLA                 |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
| BRONCHISEPTICA              |                   |                 |        |            |                 | \$310.00          | \$0.00       |                | \$0.00 | \$0.00/\$310.00  | \$310.00 |
|                             | <No Account Code> |                 |        |            |                 | Total Items: 31   | \$310.00     | \$0.00         | \$0.00 | \$310.00         | \$310.00 |
| 1CANINE VOUCHER 72-2206-001 |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             |                   |                 |        |            |                 | \$0.00            | \$0.00       |                | \$0.00 | \$0.00/\$0.00    | \$0.00   |
|                             | <No Account Code> |                 |        |            |                 | Total Items: 16   | \$0.00       | \$0.00         | \$0.00 | \$0.00           | \$0.00   |

| Receipt#                    | Account           | Receipt Date    | Animal | Person     | Payment         | Subtotal          | Discount     | Reason         | Tax    | Total Due        | Total    |
|-----------------------------|-------------------|-----------------|--------|------------|-----------------|-------------------|--------------|----------------|--------|------------------|----------|
| Paid Cash                   |                   | Paid Check      |        | Paid Debit |                 | Paid Credit Card  |              | Paid Gift Card |        | Paid Voucher     |          |
| Item                        | Code              | Cash Drawer     |        |            | Type            | (# Units @ Price) | Staff Person | Reference      |        | Total Paid       |          |
| Item Number                 |                   | IRN             |        |            | UPC#            | Item Type         |              | Item Category  |        | Late Fee         |          |
| (# Units @ Cost)            | Markup %          | Tax Code 1 (\$) |        |            | Tax Code 2 (\$) |                   | Discount %   | Site           |        |                  |          |
| 1Duramune Max 5 VACCINE     |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
| ONLY                        |                   |                 |        |            |                 | \$310.00          | \$0.00       |                | \$0.00 | \$0.00/\$310.00  | \$310.00 |
|                             | <No Account Code> |                 |        |            |                 | Total Items: 31   | \$310.00     | \$0.00         | \$0.00 | \$310.00         | \$310.00 |
| 1FELINE VOUCHER 72-2206-001 |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             |                   |                 |        |            |                 | \$0.00            | \$0.00       |                | \$0.00 | \$0.00/\$0.00    | \$0.00   |
|                             | 72-2206-001       |                 |        |            |                 | Total Items: 7    | \$0.00       | \$0.00         | \$0.00 | \$0.00           | \$0.00   |
| 1FELOCELL CVR-C             |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             |                   |                 |        |            |                 | \$40.00           | \$0.00       |                | \$0.00 | \$0.00/\$40.00   | \$40.00  |
|                             | <No Account Code> |                 |        |            |                 | Total Items: 4    | \$40.00      | \$0.00         | \$0.00 | \$40.00          | \$40.00  |
| 1RABVAC1                    |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             |                   |                 |        |            |                 | \$440.00          | \$0.00       |                | \$0.00 | \$0.00/\$440.00  | \$440.00 |
|                             | <No Account Code> |                 |        |            |                 | Total Items: 44   | \$440.00     | \$0.00         | \$0.00 | \$440.00         | \$440.00 |
| BITE INVESTIGATION          |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             |                   |                 |        |            |                 | \$750.00          | \$0.00       |                | \$0.00 | \$0.00/\$750.00  | \$750.00 |
|                             | <No Account Code> |                 |        |            |                 | Total Items: 3    | \$750.00     | \$0.00         | \$0.00 | \$750.00         | \$750.00 |
| BOARDING FEE                |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             |                   |                 |        |            |                 | \$105.00          | \$0.00       |                | \$0.00 | \$0.00/\$105.00  | \$105.00 |
|                             | <No Account Code> |                 |        |            |                 | Total Items: 7    | \$105.00     | \$0.00         | \$0.00 | \$105.00         | \$105.00 |
| DANGEROUS ANIMAL            |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
|                             |                   |                 |        |            |                 | \$300.00          | \$0.00       |                | \$0.00 | \$0.00/\$300.00  | \$300.00 |
|                             | <No Account Code> |                 |        |            |                 | Total Items: 1    | \$300.00     | \$0.00         | \$0.00 | \$300.00         | \$300.00 |
| OWNER SURRENDER             |                   |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid | Total    |
| EUTHANASIA                  |                   |                 |        |            |                 | \$50.00           | \$0.00       |                | \$0.00 | \$0.00/\$50.00   | \$50.00  |
|                             | <No Account Code> |                 |        |            |                 | Total Items: 1    | \$50.00      | \$0.00         | \$0.00 | \$50.00          | \$50.00  |



| Receipt#         | Account | Receipt Date | Animal          | Person     | Payment         | Subtotal          | Discount     | Reason         | Tax | Total Due    | Total |
|------------------|---------|--------------|-----------------|------------|-----------------|-------------------|--------------|----------------|-----|--------------|-------|
| Paid Cash        |         | Paid Check   |                 | Paid Debit |                 | Paid Credit Card  |              | Paid Gift Card |     | Paid Voucher |       |
| Item             | Code    | Cash Drawer  |                 |            | Type            | (# Units @ Price) | Staff Person | Reference      |     | Total Paid   |       |
| Item Number      |         | IRN          |                 |            | UPC#            | Item Type         |              | Item Category  |     | Late Fee     |       |
| (# Units @ Cost) |         | Markup %     | Tax Code 1 (\$) |            | Tax Code 2 (\$) |                   | Discount %   | Site           |     |              |       |

|                   |                               |          |          |        |                  |          |
|-------------------|-------------------------------|----------|----------|--------|------------------|----------|
| RECLAIM FEE       | Group % of Total Sales: 3.52% | SubTotal | Discount | Tax    | Total Due / Paid | Total    |
|                   |                               | \$180.00 | \$0.00   | \$0.00 | \$0.00/\$180.00  | \$180.00 |
| <No Account Code> | Total Items: 7                | \$180.00 | \$0.00   | \$0.00 | \$180.00         | \$180.00 |

|                 |            |                                            |            |
|-----------------|------------|--------------------------------------------|------------|
| Total Price:    | \$5,110.00 | Total # Units Sold:                        | 229        |
| Total Revenue:  | \$5,110.00 | Total Cost:                                | \$1,249.33 |
| Total Discount: | \$0.00     | Markup % Total For All Items:              | \$740.63   |
| Total Tax:      | \$0.00     | Markup % Total - Only for Inventory Items: | \$0.00     |
| Grand Total:    | \$5,110.00 | Total Cost % against Total Sales:          | 24.47%     |

Daily Cash Report

Print Date Tuesday, November 11, 2025

|                   |                       |
|-------------------|-----------------------|
| Receipt Date From | 9/1/2025 12:00:00 AM  |
| Receipt Date To   | 9/30/2025 11:59:00 PM |
| Cash Drawer       | All                   |
| Site              | All                   |
| Staff             | All                   |

| Item                                                                                                       | Animal#     | Unit Price  | Units  | Discount  | Reason | Tax           | SubTotal |
|------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|-----------|--------|---------------|----------|
| R# 29603199 9/2/2025 12:06:00 PM P0048195035 RICKY ALEMAN by: ELAINE RAMIREZ Total: 260 Pd: 260 Balance: 0 |             |             |        |           |        |               |          |
| 1RABVAC1                                                                                                   | A0059219014 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00  |
| BITE INVESTIGATION                                                                                         | A0059219014 | \$250.00    | 1      | \$0.00 0% |        | \$0.00 0.000% | \$250.00 |
| Cash:                                                                                                      | \$0.00      | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$260.00 |
|                                                                                                            |             |             |        |           |        | Visa          |          |
| Gift paid:                                                                                                 | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |          |
| Voucher Paid:                                                                                              | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |          |
| Reference:                                                                                                 |             |             |        |           |        | Change:       | \$0.00   |
|                                                                                                            |             |             |        |           |        | Balance:      | \$0.00   |
| R# 29603378 9/2/2025 12:49:00 PM P0048234280 SARAH OAKLEY by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0   |             |             |        |           |        |               |          |
| * PUPPY ADOPTION FEE                                                                                       | A0059207996 | \$20.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$20.00  |
| 1CANINE VOUCHER 72-2206-001                                                                                | A0059207996 | \$0.00      | 1      | \$0.00 0% |        | \$0.00 0.000% | \$0.00   |
| 1Duramune Max 5 VACCINE ONLY                                                                               | A0059207996 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00  |
| 1BORDETELLA BRONCHISEPT ICA                                                                                | A0059207996 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00  |
| Cash:                                                                                                      | \$40.00     | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$0.00   |
|                                                                                                            |             |             |        |           |        | Total:        | \$40.00  |
|                                                                                                            |             |             |        |           |        | Paid:         | \$40.00  |
| Gift paid:                                                                                                 | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |          |
| Voucher Paid:                                                                                              | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |          |
| Reference:                                                                                                 |             |             |        |           |        | Change:       | \$0.00   |
|                                                                                                            |             |             |        |           |        | Balance:      | \$0.00   |
| R# 29603900 9/2/2025 2:01:00 PM P0032297201 EUGENE MARTIN by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0   |             |             |        |           |        |               |          |
| 1RABVAC1                                                                                                   | A0054075797 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00  |
| 1RABVAC1                                                                                                   | A0054075790 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00  |
| 1RABVAC1                                                                                                   | A0056987420 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00  |
| 1RABVAC1                                                                                                   | A0054075798 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00  |
| Cash:                                                                                                      | \$40.00     | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$0.00   |
|                                                                                                            |             |             |        |           |        | Total:        | \$40.00  |
|                                                                                                            |             |             |        |           |        | Paid:         | \$40.00  |
| Gift paid:                                                                                                 | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |          |



| Item                                                                                                            | Animal#     | Unit Price | Units       | Discount  | Reason        | Tax           | SubTotal                              |
|-----------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|-----------|---------------|---------------|---------------------------------------|
| Voucher Paid:                                                                                                   |             | \$0.00     | Voucher#:   |           | Voucher Type: |               |                                       |
| Reference:                                                                                                      |             |            |             |           |               | Change:       | \$0.00                                |
|                                                                                                                 |             |            |             |           |               | Balance:      | \$0.00                                |
| R#: 29604785 9/2/2025 4:04:00 PM P0048236689 BRAYAN ALEMAN PAZ by: ELAINE RAMIREZ Total: 260 Pd: 260 Balance: 0 |             |            |             |           |               |               |                                       |
| BITE INVESTIGATION                                                                                              | A0059219020 | \$250.00   | 1           | \$0.00 0% |               | \$0.00 0.000% | \$250.00                              |
| 1RABVAC1                                                                                                        | A0059219020 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                               |
| Cash:                                                                                                           |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: \$260.00 Total: \$260.00 |
|                                                                                                                 |             |            |             |           |               | Visa          | Paid: \$260.00                        |
| Gift paid:                                                                                                      |             | \$0.00     | Gift Card#: |           | Gift Type:    |               |                                       |
| Voucher Paid:                                                                                                   |             | \$0.00     | Voucher#:   |           | Voucher Type: |               |                                       |
| Reference:                                                                                                      |             |            |             |           |               | Change:       | \$0.00                                |
|                                                                                                                 |             |            |             |           |               | Balance:      | \$0.00                                |
| R#: 29606467 9/2/2025 10:05:00 AM P0000000001 No Person by: SAMANTHA LANE Total: 50 Pd: 50 Balance: 0           |             |            |             |           |               |               |                                       |
| *RESCUE DOG TRANSFER FEES                                                                                       | A0000000001 | \$25.00    | 2           | \$0.00 0% |               | \$0.00 0.000% | \$50.00                               |
| Cash:                                                                                                           |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: \$50.00 Total: \$50.00   |
|                                                                                                                 |             |            |             |           |               | Paypal        | Paid: \$50.00                         |
| Gift paid:                                                                                                      |             | \$0.00     | Gift Card#: |           | Gift Type:    |               |                                       |
| Voucher Paid:                                                                                                   |             | \$0.00     | Voucher#:   |           | Voucher Type: |               |                                       |
| Reference:                                                                                                      |             |            |             |           |               | Change:       | \$0.00                                |
|                                                                                                                 |             |            |             |           |               | Balance:      | \$0.00                                |
| R#: 29606481 9/2/2025 10:08:00 AM P0048086328 DONNA BARBOUR by: SAMANTHA LANE Total: 300 Pd: 300 Balance: 0     |             |            |             |           |               |               |                                       |
| *DUTY TO CONTROL-1ST 762440005                                                                                  | A0000000001 | \$50.00    | 3           | \$0.00 0% |               | \$0.00 0.000% | \$150.00                              |
| *NUISANCE ANIMAL PROHIBITE 1ST                                                                                  | A0000000001 | \$50.00    | 3           | \$0.00 0% |               | \$0.00 0.000% | \$150.00                              |
| Cash:                                                                                                           |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: \$300.00 Total: \$300.00 |
|                                                                                                                 |             |            |             |           |               | Visa          | Paid: \$300.00                        |
| Gift paid:                                                                                                      |             | \$0.00     | Gift Card#: |           | Gift Type:    |               |                                       |
| Voucher Paid:                                                                                                   |             | \$0.00     | Voucher#:   |           | Voucher Type: |               |                                       |
| Reference:                                                                                                      |             |            |             |           |               | Change:       | \$0.00                                |
|                                                                                                                 |             |            |             |           |               | Balance:      | \$0.00                                |
| R#: 29607515 9/3/2025 1:43:00 PM P0048240655 AMBERLY PICKETT by: HOPE TUCKER Total: 55 Pd: 55 Balance: 0        |             |            |             |           |               |               |                                       |
| RECLAIM FEE                                                                                                     | A0059283960 | \$25.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$25.00                               |
| 1BORDETELLA BRONCHISEPT ICA                                                                                     | A0059283960 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                               |
| 1RABVAC1                                                                                                        | A0059283960 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                               |

| Item                                                                                                       | Animal#     | Unit Price  | Units       | Discount  | Reason        | Tax           | SubTotal                            |
|------------------------------------------------------------------------------------------------------------|-------------|-------------|-------------|-----------|---------------|---------------|-------------------------------------|
| 1Duramune Max 5 VACCINE ONLY                                                                               |             | A0059283960 | \$10.00     | 1         | \$0.00 0%     | \$0.00 0.000% | \$10.00                             |
| Cash:                                                                                                      |             | \$0.00      | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: \$55.00 Total: \$55.00 |
|                                                                                                            |             |             |             |           |               | MasterCard    | Paid: \$55.00                       |
| Gift paid:                                                                                                 |             | \$0.00      | Gift Card#: |           | Gift Type:    |               |                                     |
| Voucher Paid:                                                                                              |             | \$0.00      | Voucher#:   |           | Voucher Type: |               |                                     |
| Reference:                                                                                                 |             |             |             |           |               | Change:       | \$0.00                              |
|                                                                                                            |             |             |             |           |               | Balance:      | \$0.00                              |
| R#: 29610306 9/4/2025 12:25:00 PM P0048245435 ANGELA CARTER by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0 |             |             |             |           |               |               |                                     |
| 1BORDETELLA BRONCHISEPT ICA                                                                                | A0059286474 | \$10.00     | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                             |
| 1Duramune Max 5 VACCINE ONLY                                                                               | A0059286474 | \$10.00     | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                             |
| 1Duramune Max 5 VACCINE ONLY                                                                               | A0059290224 | \$10.00     | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                             |
| 1BORDETELLA BRONCHISEPT ICA                                                                                | A0059290224 | \$10.00     | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                             |
| Cash:                                                                                                      |             | \$40.00     | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: \$0.00 Total: \$40.00  |
|                                                                                                            |             |             |             |           |               |               | Paid: \$40.00                       |
| Gift paid:                                                                                                 |             | \$0.00      | Gift Card#: |           | Gift Type:    |               |                                     |
| Voucher Paid:                                                                                              |             | \$0.00      | Voucher#:   |           | Voucher Type: |               |                                     |
| Reference:                                                                                                 |             |             |             |           |               | Change:       | \$0.00                              |
|                                                                                                            |             |             |             |           |               | Balance:      | \$0.00                              |
| R#: 29610440 9/4/2025 12:52:00 PM P0041041709 LISA ADDERTON by: ELAINE RAMIREZ Total: 50 Pd: 50 Balance: 0 |             |             |             |           |               |               |                                     |
| *RESCUE DOG TRANSFER FEES                                                                                  | A0059897523 | \$25.00     | 1           | \$0.00 0% |               | \$0.00 0.000% | \$25.00                             |
| *RESCUE DOG TRANSFER FEES                                                                                  | A0059281998 | \$25.00     | 1           | \$0.00 0% |               | \$0.00 0.000% | \$25.00                             |
| Cash:                                                                                                      |             | \$0.00      | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: \$50.00 Total: \$50.00 |
|                                                                                                            |             |             |             |           |               | MasterCard    | Paid: \$50.00                       |
| Gift paid:                                                                                                 |             | \$0.00      | Gift Card#: |           | Gift Type:    |               |                                     |
| Voucher Paid:                                                                                              |             | \$0.00      | Voucher#:   |           | Voucher Type: |               |                                     |
| Reference:                                                                                                 |             |             |             |           |               | Change:       | \$0.00                              |
|                                                                                                            |             |             |             |           |               | Balance:      | \$0.00                              |
| R#: 29610529 9/4/2025 1:06:00 PM P0048245830 TIFFANY TAYLOR by: ELAINE RAMIREZ Total: 30 Pd: 30 Balance: 0 |             |             |             |           |               |               |                                     |
| 1BORDETELLA BRONCHISEPT ICA                                                                                | A0059282036 | \$10.00     | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                             |
| 1Duramune Max 5 VACCINE ONLY                                                                               | A0059282036 | \$10.00     | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                             |



| Item                                                                                                       | Animal#     | Unit Price | Units       | Discount | Reason        | Tax    | SubTotal     |         |          |         |
|------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|----------|---------------|--------|--------------|---------|----------|---------|
| 1RABVAC1                                                                                                   | A0059282036 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| Cash:                                                                                                      |             | \$30.00    | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$0.00  | Total:   | \$30.00 |
|                                                                                                            |             |            |             |          |               |        |              |         | Paid:    | \$30.00 |
| Gift paid:                                                                                                 |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |         |          |         |
| Voucher Paid:                                                                                              |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |         |          |         |
| Reference:                                                                                                 |             |            |             |          |               |        |              |         | Change:  | \$0.00  |
|                                                                                                            |             |            |             |          |               |        |              |         | Balance: | \$0.00  |
| R#: 29610765 9/4/2025 1:43:00 PM P0032297201 EUGENE MARTIN by: ELAINE RAMIREZ Total: 10 Pd: 10 Balance: 0  |             |            |             |          |               |        |              |         |          |         |
| 1RABVAC1                                                                                                   | A005987424  | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| Cash:                                                                                                      |             | \$10.00    | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$0.00  | Total:   | \$10.00 |
|                                                                                                            |             |            |             |          |               |        |              |         | Paid:    | \$10.00 |
| Gift paid:                                                                                                 |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |         |          |         |
| Voucher Paid:                                                                                              |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |         |          |         |
| Reference:                                                                                                 |             |            |             |          |               |        |              |         | Change:  | \$0.00  |
|                                                                                                            |             |            |             |          |               |        |              |         | Balance: | \$0.00  |
| R#: 29614605 9/5/2025 2:22:00 PM P0048087617 HANNAH BASH by: ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0    |             |            |             |          |               |        |              |         |          |         |
| * KITTEN ADOPTION FEE                                                                                      | A0059198179 | \$35.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$35.00 |          |         |
| 1FELINE VOUCHER 72-2206-001                                                                                | A0059198179 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$0.00  |          |         |
| Cash:                                                                                                      |             | \$35.00    | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$0.00  | Total:   | \$35.00 |
|                                                                                                            |             |            |             |          |               |        | Visa         |         | Paid:    | \$35.00 |
| Gift paid:                                                                                                 |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |         |          |         |
| Voucher Paid:                                                                                              |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |         |          |         |
| Reference:                                                                                                 |             |            |             |          |               |        |              |         | Change:  | \$0.00  |
|                                                                                                            |             |            |             |          |               |        |              |         | Balance: | \$0.00  |
| R#: 29615206 9/5/2025 3:38:00 PM P0048253238 ISABELLA MINTZ by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0 |             |            |             |          |               |        |              |         |          |         |
| 1CANINE VOUCHER 72-2206-001                                                                                | A0059262587 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$0.00  |          |         |
| 1BORDETELLA BRONCHISEPT ICA                                                                                | A0059262587 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| 1Duramune Max 5 VACCINE ONLY                                                                               | A0059262587 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| *CANINE ADOPTION FEE                                                                                       | A0059262587 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| 1RABVAC1                                                                                                   | A0059262587 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| Cash:                                                                                                      |             | \$0.00     | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$40.00 | Total:   | \$40.00 |
|                                                                                                            |             |            |             |          |               |        | Visa         |         | Paid:    | \$40.00 |
| Gift paid:                                                                                                 |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |         |          |         |

| Item                                                                                                         | Animal#     | Unit Price | Units       | Discount | Reason        | Tax    | SubTotal     |         |        |         |
|--------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|----------|---------------|--------|--------------|---------|--------|---------|
| Voucher Paid:                                                                                                |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |         |        |         |
| Reference:                                                                                                   |             |            |             |          |               |        | Change:      | \$0.00  |        |         |
|                                                                                                              |             |            |             |          |               |        | Balance:     | \$0.00  |        |         |
| R#: 29616942 9/6/2025 10:37:00 AM P0048255766 SAMANTHA NORTON by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0 |             |            |             |          |               |        |              |         |        |         |
| *CANINE ADOPTION FEE                                                                                         | A0059246533 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00      |         |        |         |
| 1BORDETELLA BRONCHISEPT ICA                                                                                  | A0059246533 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00      |         |        |         |
| 1Duramune Max 5 VACCINE ONLY                                                                                 | A0059246533 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00      |         |        |         |
| 1RABVAC1                                                                                                     | A0059246533 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00      |         |        |         |
| 1CANINE VOUCHER 72-2206-001                                                                                  | A0059246533 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00 | \$0.00       |         |        |         |
| Cash:                                                                                                        |             | \$0.00     | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$40.00 | Total: | \$40.00 |
|                                                                                                              |             |            |             |          |               |        | Visa         |         | Paid:  | \$40.00 |
| Gift paid:                                                                                                   |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |         |        |         |
| Voucher Paid:                                                                                                |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |         |        |         |
| Reference:                                                                                                   |             |            |             |          |               |        | Change:      | \$0.00  |        |         |
|                                                                                                              |             |            |             |          |               |        | Balance:     | \$0.00  |        |         |
| R#: 29617012 9/6/2025 11:01:00 AM P0048255883 KAMRYN STEO by: ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0     |             |            |             |          |               |        |              |         |        |         |
| * KITTEN ADOPTION FEE                                                                                        | A0059102428 | \$35.00    | 1           | \$0.00   | 0%            | \$0.00 | \$35.00      |         |        |         |
| 1FELINE VOUCHER 72-2206-001                                                                                  | A0059102428 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00 | \$0.00       |         |        |         |
| Cash:                                                                                                        |             | \$35.00    | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$0.00  | Total: | \$35.00 |
|                                                                                                              |             |            |             |          |               |        |              |         | Paid:  | \$35.00 |
| Gift paid:                                                                                                   |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |         |        |         |
| Voucher Paid:                                                                                                |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |         |        |         |
| Reference:                                                                                                   |             |            |             |          |               |        | Change:      | \$0.00  |        |         |
|                                                                                                              |             |            |             |          |               |        | Balance:     | \$0.00  |        |         |
| R#: 29617093 9/6/2025 11:21:00 AM P0048258033 CAROLINE PEARCE by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0 |             |            |             |          |               |        |              |         |        |         |
| *CANINE ADOPTION FEE                                                                                         | A0059088406 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00      |         |        |         |
| 1CANINE VOUCHER 72-2206-001                                                                                  | A0059088406 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00 | \$0.00       |         |        |         |
| 1BORDETELLA BRONCHISEPT ICA                                                                                  | A0059088406 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00      |         |        |         |
| 1Duramune Max 5 VACCINE ONLY                                                                                 | A0059088406 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00      |         |        |         |



| Item                                                                                                         | Animal#     | Unit Price | Units       | Discount  | Reason        | Tax        | SubTotal             |
|--------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|-----------|---------------|------------|----------------------|
| 1RABVAC1                                                                                                     | A0059088406 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| Cash:                                                                                                        |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00     | Credit Card: \$40.00 |
|                                                                                                              |             |            |             |           |               |            | Total: \$40.00       |
|                                                                                                              |             |            |             |           |               | Visa       | Paid: \$40.00        |
| Gift paid:                                                                                                   |             | \$0.00     | Gift Card#: |           | Gift Type:    |            |                      |
| Voucher Paid:                                                                                                |             | \$0.00     | Voucher#:   |           | Voucher Type: |            |                      |
| Reference:                                                                                                   |             |            |             |           |               | Change:    | \$0.00               |
|                                                                                                              |             |            |             |           |               | Balance:   | \$0.00               |
| R# 29618822 9/6/2025 2:30:00 PM P0048169871 EVELYN WEST by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0       |             |            |             |           |               |            |                      |
| 1CANINE VOUCHER 72-2206-001                                                                                  | A0059064889 | \$0.00     | 1           | \$0.00 0% |               | \$0.00     | \$0.00               |
| *CANINE ADOPTION FEE                                                                                         | A0059064889 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| 1BORDETELLA BRONCHISEPT ICA                                                                                  | A0059064889 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| 1Duramune Max 5 VACCINE ONLY                                                                                 | A0059064889 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| 1RABVAC1                                                                                                     | A0059064889 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| Cash:                                                                                                        |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00     | Credit Card: \$40.00 |
|                                                                                                              |             |            |             |           |               |            | Total: \$40.00       |
|                                                                                                              |             |            |             |           |               | Visa       | Paid: \$40.00        |
| Gift paid:                                                                                                   |             | \$0.00     | Gift Card#: |           | Gift Type:    |            |                      |
| Voucher Paid:                                                                                                |             | \$0.00     | Voucher#:   |           | Voucher Type: |            |                      |
| Reference:                                                                                                   |             |            |             |           |               | Change:    | \$0.00               |
|                                                                                                              |             |            |             |           |               | Balance:   | \$0.00               |
| R# 29626406 9/4/2025 12:03:00 PM P0000000001 No Person by: SAMANTHA LANE Total: 50 Pd: 50 Balance: 0         |             |            |             |           |               |            |                      |
| *RESCUE DOG TRANSFER FEES                                                                                    | A0000000001 | \$25.00    | 2           | \$0.00 0% |               | \$0.00     | \$50.00              |
| Cash:                                                                                                        |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00     | Credit Card: \$50.00 |
|                                                                                                              |             |            |             |           |               |            | Total: \$50.00       |
|                                                                                                              |             |            |             |           |               | Visa       | Paid: \$50.00        |
| Gift paid:                                                                                                   |             | \$0.00     | Gift Card#: |           | Gift Type:    |            |                      |
| Voucher Paid:                                                                                                |             | \$0.00     | Voucher#:   |           | Voucher Type: |            |                      |
| Reference:                                                                                                   |             |            |             |           |               | Change:    | \$0.00               |
|                                                                                                              |             |            |             |           |               | Balance:   | \$0.00               |
| R# 29627138 9/9/2025 1:57:00 PM P0048271839 CHRISTOPHER HALSO by: ELAINE RAMIREZ Total: 25 Pd: 25 Balance: 0 |             |            |             |           |               |            |                      |
| *LONNIE'S ANGELS 72-22065                                                                                    | A0000000001 | \$25.00    | 1           | \$0.00 0% |               | \$0.00     | \$25.00              |
| Cash:                                                                                                        |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00     | Credit Card: \$25.00 |
|                                                                                                              |             |            |             |           |               |            | Total: \$25.00       |
|                                                                                                              |             |            |             |           |               | MasterCard | Paid: \$25.00        |
| Gift paid:                                                                                                   |             | \$0.00     | Gift Card#: |           | Gift Type:    |            |                      |
| Voucher Paid:                                                                                                |             | \$0.00     | Voucher#:   |           | Voucher Type: |            |                      |

| Item                                                                                                                | Animal#     | Unit Price | Units       | Discount  | Reason        | Tax        | SubTotal             |
|---------------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|-----------|---------------|------------|----------------------|
| Reference:                                                                                                          |             |            |             |           |               | Change:    | \$0.00               |
|                                                                                                                     |             |            |             |           |               | Balance:   | \$0.00               |
| R# 29627515 9/9/2025 2:51:00 PM P0048062469 SHANDA BAUGUESS by: ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0          |             |            |             |           |               |            |                      |
| *FELINE ADOPTION FEE                                                                                                | A0059102496 | \$15.00    | 1           | \$0.00 0% |               | \$0.00     | \$15.00              |
| 1RABVAC1                                                                                                            | A0059102496 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| 1FELOCCELL OVR-C                                                                                                    | A0059102496 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| 1FELINE VOUCHER 72-2206-001                                                                                         | A0059102496 | \$0.00     | 1           | \$0.00 0% |               | \$0.00     | \$0.00               |
| Cash:                                                                                                               |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00     | Credit Card: \$35.00 |
|                                                                                                                     |             |            |             |           |               |            | Total: \$35.00       |
|                                                                                                                     |             |            |             |           |               | Visa       | Paid: \$35.00        |
| Gift paid:                                                                                                          |             | \$0.00     | Gift Card#: |           | Gift Type:    |            |                      |
| Voucher Paid:                                                                                                       |             | \$0.00     | Voucher#:   |           | Voucher Type: |            |                      |
| Reference:                                                                                                          |             |            |             |           |               | Change:    | \$0.00               |
|                                                                                                                     |             |            |             |           |               | Balance:   | \$0.00               |
| R# 29628357 9/9/2025 4:40:00 PM P0020085308 ANNEMELY ROSQUETE CUTINO by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0 |             |            |             |           |               |            |                      |
| 1BORDETELLA BRONCHISEPT ICA                                                                                         | A0059282783 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| 1Duramune Max 5 VACCINE ONLY                                                                                        | A0059282783 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| 1CANINE VOUCHER 72-2206-001                                                                                         | A0059282783 | \$0.00     | 1           | \$0.00 0% |               | \$0.00     | \$0.00               |
| *CANINE ADOPTION FEE                                                                                                | A0059282783 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| 1RABVAC1                                                                                                            | A0059282783 | \$10.00    | 1           | \$0.00 0% |               | \$0.00     | \$10.00              |
| Cash:                                                                                                               |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00     | Credit Card: \$40.00 |
|                                                                                                                     |             |            |             |           |               |            | Total: \$40.00       |
|                                                                                                                     |             |            |             |           |               | MasterCard | Paid: \$40.00        |
| Gift paid:                                                                                                          |             | \$0.00     | Gift Card#: |           | Gift Type:    |            |                      |
| Voucher Paid:                                                                                                       |             | \$0.00     | Voucher#:   |           | Voucher Type: |            |                      |
| Reference:                                                                                                          |             |            |             |           |               | Change:    | \$0.00               |
|                                                                                                                     |             |            |             |           |               | Balance:   | \$0.00               |
| R# 29630222 9/10/2025 12:15:00 PM P0048276689 AURELIA TINCHER by: ELAINE RAMIREZ Total: 20 Pd: 20 Balance: 0        |             |            |             |           |               |            |                      |
| *LONNIE'S ANGELS 72-22065                                                                                           | A0000000001 | \$20.00    | 1           | \$0.00 0% |               | \$0.00     | \$20.00              |
| Cash:                                                                                                               |             | \$20.00    | Cheque:     | \$0.00    | Debit:        | \$0.00     | Credit Card: \$0.00  |
|                                                                                                                     |             |            |             |           |               |            | Total: \$20.00       |
|                                                                                                                     |             |            |             |           |               |            | Paid: \$20.00        |
| Gift paid:                                                                                                          |             | \$0.00     | Gift Card#: |           | Gift Type:    |            |                      |
| Voucher Paid:                                                                                                       |             | \$0.00     | Voucher#:   |           | Voucher Type: |            |                      |
| Reference:                                                                                                          |             |            |             |           |               | Change:    | \$0.00               |



| Item                                                                                                        | Animal#     | Unit Price  | Units  | Discount | Reason | Tax           | SubTotal               |
|-------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|----------|--------|---------------|------------------------|
| Balance:                                                                                                    |             |             |        |          |        |               | \$0.00                 |
| R#: 25633846 9/11/2025 12:19:00 PM P0046135736 OLIVIA FOWLER by ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0  |             |             |        |          |        |               |                        |
| * KITTEN ADOPTION FEE                                                                                       | A0059102636 | \$35.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$35.00         |
| Cash:                                                                                                       | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00 | Credit Card:  | \$35.00 Total: \$35.00 |
|                                                                                                             |             |             |        |          |        | Visa          | Paid: \$35.00          |
| Gift paid:                                                                                                  | \$0.00      | Gift Card#: |        |          |        | Gift Type:    |                        |
| Voucher Paid:                                                                                               | \$0.00      | Voucher#:   |        |          |        | Voucher Type: |                        |
| Reference:                                                                                                  |             |             |        |          |        | Change:       | \$0.00                 |
| Balance:                                                                                                    |             |             |        |          |        |               | \$0.00                 |
| R#: 29634064 9/11/2025 12:58:00 PM P0048282633 CODY STOKES by ELAINE RAMIREZ Total: 165 Pd: 165 Balance: 0  |             |             |        |          |        |               |                        |
| RECLAIM FEE                                                                                                 | A0059300132 | \$30.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$30.00         |
| 1BORDETELLA BRONCHISEPT ICA                                                                                 | A0059300132 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$10.00         |
| 1Duramune Max 5 VACCINE ONLY                                                                                | A0059300132 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$10.00         |
| 1RABVAC1                                                                                                    | A0059300132 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$10.00         |
| BOARDING FEE                                                                                                | A0059300132 | \$15.00     | 7      | \$0.00   | 0%     | \$0.00        | 0.000% \$105.00        |
| Cash:                                                                                                       | \$165.00    | Cheque:     | \$0.00 | Debit:   | \$0.00 | Credit Card:  | \$0.00 Total: \$165.00 |
|                                                                                                             |             |             |        |          |        |               | Paid: \$165.00         |
| Gift paid:                                                                                                  | \$0.00      | Gift Card#: |        |          |        | Gift Type:    |                        |
| Voucher Paid:                                                                                               | \$0.00      | Voucher#:   |        |          |        | Voucher Type: |                        |
| Reference:                                                                                                  |             |             |        |          |        | Change:       | \$0.00                 |
| Balance:                                                                                                    |             |             |        |          |        |               | \$0.00                 |
| R#: 29634389 9/11/2025 1:46:00 PM P0041086993 TONY LOFTIN by ELAINE RAMIREZ Total: 10 Pd: 10 Balance: 0     |             |             |        |          |        |               |                        |
| 1RABVAC1                                                                                                    | A0059342225 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$10.00         |
| Cash:                                                                                                       | \$10.00     | Cheque:     | \$0.00 | Debit:   | \$0.00 | Credit Card:  | \$0.00 Total: \$10.00  |
|                                                                                                             |             |             |        |          |        |               | Paid: \$10.00          |
| Gift paid:                                                                                                  | \$0.00      | Gift Card#: |        |          |        | Gift Type:    |                        |
| Voucher Paid:                                                                                               | \$0.00      | Voucher#:   |        |          |        | Voucher Type: |                        |
| Reference:                                                                                                  |             |             |        |          |        | Change:       | \$0.00                 |
| Balance:                                                                                                    |             |             |        |          |        |               | \$0.00                 |
| R#: 29637397 9/12/2025 12:08:00 PM P0041161637 ROBERT ROBERTS by ELAINE RAMIREZ Total: 10 Pd: 10 Balance: 0 |             |             |        |          |        |               |                        |
| 1RABVAC1                                                                                                    | A0054131222 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$10.00         |
| Cash:                                                                                                       | \$10.00     | Cheque:     | \$0.00 | Debit:   | \$0.00 | Credit Card:  | \$0.00 Total: \$10.00  |
|                                                                                                             |             |             |        |          |        |               | Paid: \$10.00          |
| Gift paid:                                                                                                  | \$0.00      | Gift Card#: |        |          |        | Gift Type:    |                        |
| Voucher Paid:                                                                                               | \$0.00      | Voucher#:   |        |          |        | Voucher Type: |                        |

| Item                                                                                                            | Animal#     | Unit Price  | Units  | Discount | Reason | Tax           | SubTotal                 |
|-----------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|----------|--------|---------------|--------------------------|
| Reference:                                                                                                      |             |             |        |          |        |               | Change: \$0.00           |
| Balance:                                                                                                        |             |             |        |          |        |               | \$0.00                   |
| R#: 29637587 9/12/2025 12:46:00 PM P0048192474 DELFINA ALVARADO by ELAINE RAMIREZ Total: 700 Pd: 700 Balance: 0 |             |             |        |          |        |               |                          |
| * DOG AT-LARGE PROHIBITED 1ST                                                                                   | A0000000001 | \$50.00     | 2      | \$0.00   | 0%     | \$0.00        | 0.000% \$100.00          |
| * DUTY TO CONTROL-1ST 782440005                                                                                 | A0000000001 | \$50.00     | 2      | \$0.00   | 0%     | \$0.00        | 0.000% \$100.00          |
| * RABIES VACCINATION REQUIRED                                                                                   | A0000000001 | \$250.00    | 2      | \$0.00   | 0%     | \$0.00        | 0.000% \$500.00          |
| Cash:                                                                                                           | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00 | Credit Card:  | \$700.00 Total: \$700.00 |
|                                                                                                                 |             |             |        |          |        | MasterCard    | Paid: \$700.00           |
| Gift paid:                                                                                                      | \$0.00      | Gift Card#: |        |          |        | Gift Type:    |                          |
| Voucher Paid:                                                                                                   | \$0.00      | Voucher#:   |        |          |        | Voucher Type: |                          |
| Reference:                                                                                                      |             |             |        |          |        | Change:       | \$0.00                   |
| Balance:                                                                                                        |             |             |        |          |        |               | \$0.00                   |
| R#: 29637996 9/12/2025 1:53:00 PM P0048288641 SONIA GUARDADO by ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0      |             |             |        |          |        |               |                          |
| 1FELINE VOUCHER 72-2206-001                                                                                     | A0059222128 | \$0.00      | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$0.00            |
| * KITTEN ADOPTION FEE                                                                                           | A0059222128 | \$35.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$35.00           |
| Cash:                                                                                                           | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00 | Credit Card:  | \$35.00 Total: \$35.00   |
|                                                                                                                 |             |             |        |          |        | Visa          | Paid: \$35.00            |
| Gift paid:                                                                                                      | \$0.00      | Gift Card#: |        |          |        | Gift Type:    |                          |
| Voucher Paid:                                                                                                   | \$0.00      | Voucher#:   |        |          |        | Voucher Type: |                          |
| Reference:                                                                                                      |             |             |        |          |        | Change:       | \$0.00                   |
| Balance:                                                                                                        |             |             |        |          |        |               | \$0.00                   |
| R#: 29638131 9/12/2025 2:09:00 PM P0048288613 JEFF MURPHY by ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0         |             |             |        |          |        |               |                          |
| 1Duramune Max 5 VACCINE ONLY                                                                                    | A0059297694 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$10.00           |
| * PUPPY ADOPTION FEE                                                                                            | A0059297694 | \$20.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$20.00           |
| 1CANINE VOUCHER 72-2206-001                                                                                     | A0059297694 | \$0.00      | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$0.00            |
| 1BORDETELLA BRONCHISEPT ICA                                                                                     | A0059297694 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000% \$10.00           |
| Cash:                                                                                                           | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00 | Credit Card:  | \$40.00 Total: \$40.00   |
|                                                                                                                 |             |             |        |          |        | Visa          | Paid: \$40.00            |
| Gift paid:                                                                                                      | \$0.00      | Gift Card#: |        |          |        | Gift Type:    |                          |
| Voucher Paid:                                                                                                   | \$0.00      | Voucher#:   |        |          |        | Voucher Type: |                          |



| Item                                                                                                        | Animal#     | Unit Price | Units       | Discount | Reason        | Tax    | SubTotal        |
|-------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|----------|---------------|--------|-----------------|
| Reference:                                                                                                  |             |            |             |          |               |        | Change: \$0.00  |
|                                                                                                             |             |            |             |          |               |        | Balance: \$0.00 |
| R#: 29638800 9/12/2025 3:33:00 PM P0032297201 EUGENE MARTIN by: ELAINE RAMIREZ Total: 20 Pd: 20 Balance: 0  |             |            |             |          |               |        |                 |
| 1RABVAC1                                                                                                    | A0054006522 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00         |
| 1RABVAC1                                                                                                    | A0054006511 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00         |
| Cash:                                                                                                       |             | \$20.00    | Cheque:     | \$0.00   | Debit:        | \$0.00 | Total: \$20.00  |
|                                                                                                             |             |            |             |          | Credit Card:  | \$0.00 | Paid: \$20.00   |
| Gift paid:                                                                                                  |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |                 |
| Voucher Paid:                                                                                               |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |                 |
| Reference:                                                                                                  |             |            |             |          |               |        | Change: \$0.00  |
|                                                                                                             |             |            |             |          |               |        | Balance: \$0.00 |
| R#: 29639129 9/12/2025 4:12:00 PM P0048290174 KELLY TAYLOR by: ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0   |             |            |             |          |               |        |                 |
| * KITTEN ADOPTION FEE                                                                                       | A0059102673 | \$35.00    | 1           | \$0.00   | 0%            | \$0.00 | \$35.00         |
| 1FELINE VOUCHER 72-2206-001                                                                                 | A0059102673 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00 | \$0.00          |
| Cash:                                                                                                       |             | \$35.00    | Cheque:     | \$0.00   | Debit:        | \$0.00 | Total: \$35.00  |
|                                                                                                             |             |            |             |          | Credit Card:  | \$0.00 | Paid: \$35.00   |
| Gift paid:                                                                                                  |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |                 |
| Voucher Paid:                                                                                               |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |                 |
| Reference:                                                                                                  |             |            |             |          |               |        | Change: \$0.00  |
|                                                                                                             |             |            |             |          |               |        | Balance: \$0.00 |
| R#: 29640742 9/13/2025 11:11:00 AM P0048292377 BRYANNA EASON by: SAMANTHA LANE Total: 40 Pd: 40 Balance: 0  |             |            |             |          |               |        |                 |
| 1BORDETELLA BRONCHISEPT ICA                                                                                 | A0000000001 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00         |
| 1Duramune Max 5 VACCINE ONLY                                                                                | A0000000001 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00         |
| * PUPPY ADOPTION FEE                                                                                        | A0000000001 | \$20.00    | 1           | \$0.00   | 0%            | \$0.00 | \$20.00         |
| Cash:                                                                                                       |             | \$40.00    | Cheque:     | \$0.00   | Debit:        | \$0.00 | Total: \$40.00  |
|                                                                                                             |             |            |             |          | Credit Card:  | \$0.00 | Paid: \$40.00   |
| Gift paid:                                                                                                  |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |                 |
| Voucher Paid:                                                                                               |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |                 |
| Reference:                                                                                                  |             |            |             |          |               |        | Change: \$0.00  |
|                                                                                                             |             |            |             |          |               |        | Balance: \$0.00 |
| R#: 29641044 9/13/2025 12:13:00 PM P0048292871 MARITZA CORREA by: SAMANTHA LANE Total: 40 Pd: 40 Balance: 0 |             |            |             |          |               |        |                 |
| *CANINE ADOPTION FEE                                                                                        | A0000000001 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | \$10.00         |

| Item                                                                                                        | Animal#     | Unit Price | Units       | Discount | Reason        | Tax    | SubTotal     |         |          |         |
|-------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|----------|---------------|--------|--------------|---------|----------|---------|
| 1BORDETELLA BRONCHISEPT ICA                                                                                 | A0000000001 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| 1Duramune Max 5 VACCINE ONLY                                                                                | A0000000001 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| 1RABVAC1                                                                                                    | A0000000001 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| Cash:                                                                                                       |             | \$0.00     | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$40.00 | Total:   | \$40.00 |
|                                                                                                             |             |            |             |          |               |        | Visa         |         | Paid:    | \$40.00 |
| Gift paid:                                                                                                  |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |         |          |         |
| Voucher Paid:                                                                                               |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |         |          |         |
| Reference:                                                                                                  |             |            |             |          |               |        |              |         | Change:  | \$0.00  |
|                                                                                                             |             |            |             |          |               |        |              |         | Balance: | \$0.00  |
| R#: 29641424 9/13/2025 1:12:00 PM P0048293349 JUDITH KRUEGER by: SAMANTHA LANE Total: 70 Pd: 70 Balance: 0  |             |            |             |          |               |        |              |         |          |         |
| * KITTEN ADOPTION FEE                                                                                       | A0000000001 | \$35.00    | 2           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$70.00 |          |         |
| Cash:                                                                                                       |             | \$70.00    | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$0.00  | Total:   | \$70.00 |
|                                                                                                             |             |            |             |          |               |        |              |         | Paid:    | \$70.00 |
| Gift paid:                                                                                                  |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |         |          |         |
| Voucher Paid:                                                                                               |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |         |          |         |
| Reference:                                                                                                  |             |            |             |          |               |        |              |         | Change:  | \$0.00  |
|                                                                                                             |             |            |             |          |               |        |              |         | Balance: | \$0.00  |
| R#: 29649857 9/16/2025 1:05:00 PM P0048307029 ANGELICA VALDEZ by: SAMANTHA LANE Total: 40 Pd: 40 Balance: 0 |             |            |             |          |               |        |              |         |          |         |
| 1BORDETELLA BRONCHISEPT ICA                                                                                 | A0000000001 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| 1Duramune Max 5 VACCINE ONLY                                                                                | A0000000001 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| 1RABVAC1                                                                                                    | A0000000001 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| *CANINE ADOPTION FEE                                                                                        | A0000000001 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00 |          |         |
| Cash:                                                                                                       |             | \$0.00     | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$40.00 | Total:   | \$40.00 |
|                                                                                                             |             |            |             |          |               |        | Visa         |         | Paid:    | \$40.00 |
| Gift paid:                                                                                                  |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |         |          |         |
| Voucher Paid:                                                                                               |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |         |          |         |
| Reference:                                                                                                  |             |            |             |          |               |        |              |         | Change:  | \$0.00  |
|                                                                                                             |             |            |             |          |               |        |              |         | Balance: | \$0.00  |
| R#: 29650240 9/11/2025 2:05:00 PM P0000000001 No Person by: SAMANTHA LANE Total: 75 Pd: 75 Balance: 0       |             |            |             |          |               |        |              |         |          |         |
| *RESCUE DOG TRANSFER FEES                                                                                   | A0000000001 | \$25.00    | 3           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$75.00 |          |         |
| Cash:                                                                                                       |             | \$0.00     | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$75.00 | Total:   | \$75.00 |
|                                                                                                             |             |            |             |          |               |        | Visa         |         | Paid:    | \$75.00 |
| Gift paid:                                                                                                  |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |         |          |         |
| Voucher Paid:                                                                                               |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |         |          |         |
| Reference:                                                                                                  |             |            |             |          |               |        |              |         | Change:  | \$0.00  |
|                                                                                                             |             |            |             |          |               |        |              |         | Balance: | \$0.00  |



| Item                                                                                                       | Animal#     | Unit Price | Units       | Discount  | Reason        | Tax           | SubTotal               |
|------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|-----------|---------------|---------------|------------------------|
| Gift paid:                                                                                                 | \$0.00      |            | Gift Card#: |           | Gift Type:    |               |                        |
| Voucher Paid:                                                                                              | \$0.00      |            | Voucher#:   |           | Voucher Type: |               |                        |
| Reference:                                                                                                 |             |            |             |           |               | Change:       | \$0.00                 |
|                                                                                                            |             |            |             |           |               | Balance:      | \$0.00                 |
| R#: 29650801 9/16/2025 3:20:00 PM P0048308515 AUSTIN BELL by: ELAINE RAMIREZ Total: 55 Pd: 55 Balance: 0   |             |            |             |           |               |               |                        |
| 1BORDETELLA<br>BRONCHISEPT<br>ICA                                                                          | A0059368935 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                |
| 1RABVAC1                                                                                                   | A0059368935 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                |
| RECLAIM FEE                                                                                                | A0059368935 | \$25.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$25.00                |
| 1Duramune<br>Max 5<br>VACCINE<br>ONLY                                                                      | A0059368935 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                |
| Cash:                                                                                                      | \$0.00      | Cheque:    | \$0.00      | Debit:    | \$0.00        | Credit Card:  | \$55.00 Total: \$55.00 |
|                                                                                                            |             |            |             |           |               | Visa          | Paid: \$55.00          |
| Gift paid:                                                                                                 | \$0.00      |            | Gift Card#: |           | Gift Type:    |               |                        |
| Voucher Paid:                                                                                              | \$0.00      |            | Voucher#:   |           | Voucher Type: |               |                        |
| Reference:                                                                                                 |             |            |             |           |               | Change:       | \$0.00                 |
|                                                                                                            |             |            |             |           |               | Balance:      | \$0.00                 |
| R#: 29651299 9/16/2025 4:37:00 PM P0048308320 MADISON RABON by: ELAINE RAMIREZ Total: 25 Pd: 25 Balance: 0 |             |            |             |           |               |               |                        |
| RECLAIM FEE                                                                                                | A0059372251 | \$25.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$25.00                |
| Cash:                                                                                                      | \$0.00      | Cheque:    | \$0.00      | Debit:    | \$0.00        | Credit Card:  | \$25.00 Total: \$25.00 |
|                                                                                                            |             |            |             |           |               | Visa          | Paid: \$25.00          |
| Gift paid:                                                                                                 | \$0.00      |            | Gift Card#: |           | Gift Type:    |               |                        |
| Voucher Paid:                                                                                              | \$0.00      |            | Voucher#:   |           | Voucher Type: |               |                        |
| Reference:                                                                                                 |             |            |             |           |               | Change:       | \$0.00                 |
|                                                                                                            |             |            |             |           |               | Balance:      | \$0.00                 |
| R#: 29651485 9/16/2025 4:59:00 PM P0048308547 JESUS PINEDA by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0  |             |            |             |           |               |               |                        |
| 1CANINE<br>VOUCHER 72-<br>2206-001                                                                         | A0059286523 | \$0.00     | 1           | \$0.00 0% |               | \$0.00 0.000% | \$0.00                 |
| 1BORDETELLA<br>BRONCHISEPT<br>ICA                                                                          | A0059286523 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                |
| * PUPPY<br>ADOPTION<br>FEE                                                                                 | A0059286523 | \$20.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$20.00                |
| 1Duramune<br>Max 5<br>VACCINE<br>ONLY                                                                      | A0059286523 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                |
| Cash:                                                                                                      | \$40.00     | Cheque:    | \$0.00      | Debit:    | \$0.00        | Credit Card:  | \$0.00 Total: \$40.00  |
|                                                                                                            |             |            |             |           |               |               | Paid: \$40.00          |
| Gift paid:                                                                                                 | \$0.00      |            | Gift Card#: |           | Gift Type:    |               |                        |
| Voucher Paid:                                                                                              | \$0.00      |            | Voucher#:   |           | Voucher Type: |               |                        |
| Reference:                                                                                                 |             |            |             |           |               | Change:       | \$0.00                 |

| Item                                                                                                            | Animal#     | Unit Price | Units       | Discount  | Reason        | Tax           | SubTotal                 |
|-----------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|-----------|---------------|---------------|--------------------------|
|                                                                                                                 |             |            |             |           |               |               | Balance: \$0.00          |
| R#: 29656844 9/18/2025 12:04:00 PM P0048317451 ALYJANA NEWKIRK by: ELAINE RAMIREZ Total: 110 Pd: 110 Balance: 0 |             |            |             |           |               |               |                          |
| RECLAIM FEE                                                                                                     | A0059347079 | \$25.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$25.00                  |
| 1BORDETELLA<br>BRONCHISEPT<br>ICA                                                                               | A0059347079 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| 1Duramune<br>Max 5<br>VACCINE<br>ONLY                                                                           | A0059347079 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| 1RABVAC1                                                                                                        | A0059347079 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| RECLAIM FEE                                                                                                     | A0059347086 | \$25.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$25.00                  |
| 1RABVAC1                                                                                                        | A0059347086 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| 1Duramune<br>Max 5<br>VACCINE<br>ONLY                                                                           | A0059347086 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| 1BORDETELLA<br>BRONCHISEPT<br>ICA                                                                               | A0059347086 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| Cash:                                                                                                           | \$0.00      | Cheque:    | \$0.00      | Debit:    | \$0.00        | Credit Card:  | \$110.00 Total: \$110.00 |
|                                                                                                                 |             |            |             |           |               | Visa          | Paid: \$110.00           |
| Gift paid:                                                                                                      | \$0.00      |            | Gift Card#: |           | Gift Type:    |               |                          |
| Voucher Paid:                                                                                                   | \$0.00      |            | Voucher#:   |           | Voucher Type: |               |                          |
| Reference:                                                                                                      |             |            |             |           |               | Change:       | \$0.00                   |
|                                                                                                                 |             |            |             |           |               | Balance:      | \$0.00                   |
| R#: 29656844 9/18/2025 12:24:00 PM P0047773486 DIANA HALL by: ELAINE RAMIREZ Total: 20 Pd: 20 Balance: 0        |             |            |             |           |               |               |                          |
| 1RABVAC1                                                                                                        | A0059385613 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| 1RABVAC1                                                                                                        | A0059385610 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| Cash:                                                                                                           | \$0.00      | Cheque:    | \$0.00      | Debit:    | \$0.00        | Credit Card:  | \$20.00 Total: \$20.00   |
|                                                                                                                 |             |            |             |           |               | MasterCard    | Paid: \$20.00            |
| Gift paid:                                                                                                      | \$0.00      |            | Gift Card#: |           | Gift Type:    |               |                          |
| Voucher Paid:                                                                                                   | \$0.00      |            | Voucher#:   |           | Voucher Type: |               |                          |
| Reference:                                                                                                      |             |            |             |           |               | Change:       | \$0.00                   |
|                                                                                                                 |             |            |             |           |               | Balance:      | \$0.00                   |
| R#: 29658198 9/18/2025 4:10:00 PM P0048319832 ERIN TURNER by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0        |             |            |             |           |               |               |                          |
| *CANINE<br>ADOPTION<br>FEE                                                                                      | A0059244573 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| 1RABVAC1                                                                                                        | A0059244573 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| 1Duramune<br>Max 5<br>VACCINE<br>ONLY                                                                           | A0059244573 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| 1BORDETELLA<br>BRONCHISEPT<br>ICA                                                                               | A0059244573 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00                  |
| Cash:                                                                                                           | \$0.00      | Cheque:    | \$0.00      | Debit:    | \$0.00        | Credit Card:  | \$40.00 Total: \$40.00   |



| Item                                                                                                              | Animal#     | Unit Price  | Units  | Discount | Reason        | Tax             | SubTotal               |
|-------------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|----------|---------------|-----------------|------------------------|
| Amex                                                                                                              |             |             |        |          |               |                 | Paid: \$40.00          |
| Gift paid:                                                                                                        | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                     | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                        |
| Reference:                                                                                                        |             |             |        |          |               | Change: \$0.00  |                        |
|                                                                                                                   |             |             |        |          |               | Balance: \$0.00 |                        |
| RF: 28680604 9/19/2025 1:48:00 PM P0048323692 BARBARA RICCIOTI by ELAINE RAMIREZ Total: 50 Pd: 50 Balance: 0      |             |             |        |          |               |                 |                        |
| OWNER:                                                                                                            | A0059394197 | \$50.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$50.00         |
| SURRENDER:                                                                                                        |             |             |        |          |               |                 |                        |
| EUTHANASIA:                                                                                                       |             |             |        |          |               |                 |                        |
| Cash:                                                                                                             | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$50.00 Total: \$50.00 |
| Visa                                                                                                              |             |             |        |          |               |                 | Paid: \$50.00          |
| Gift paid:                                                                                                        | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                     | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                        |
| Reference:                                                                                                        |             |             |        |          |               | Change: \$0.00  |                        |
|                                                                                                                   |             |             |        |          |               | Balance: \$0.00 |                        |
| RF: 28664161 9/20/2025 1:02:00 PM P0046673639 MAYRA ESTRADA RAMIREZ by ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0 |             |             |        |          |               |                 |                        |
| *FELINE ADOPTION FEE                                                                                              | A0059105523 | \$15.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$15.00         |
| 1FELOCCELL                                                                                                        | A0059105523 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00         |
| CVR-C                                                                                                             |             |             |        |          |               |                 |                        |
| 1RABVAC1                                                                                                          | A0059105523 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00         |
| Cash:                                                                                                             | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$35.00 Total: \$35.00 |
| Visa                                                                                                              |             |             |        |          |               |                 | Paid: \$35.00          |
| Gift paid:                                                                                                        | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                     | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                        |
| Reference:                                                                                                        |             |             |        |          |               | Change: \$0.00  |                        |
|                                                                                                                   |             |             |        |          |               | Balance: \$0.00 |                        |
| RF: 29569057 9/19/2025 10:47:00 AM P0000000001 No Person by: SAMANTHA LANE Total: 50 Pd: 50 Balance: 0            |             |             |        |          |               |                 |                        |
| *RESCUE DOG TRANSFER FEES                                                                                         | A0000000001 | \$25.00     | 2      | \$0.00   | 0%            | \$0.00          | 0.000% \$50.00         |
| Cash:                                                                                                             | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$50.00 Total: \$50.00 |
| Visa                                                                                                              |             |             |        |          |               |                 | Paid: \$50.00          |
| Gift paid:                                                                                                        | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                     | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                        |
| Reference:                                                                                                        |             |             |        |          |               | Change: \$0.00  |                        |
|                                                                                                                   |             |             |        |          |               | Balance: \$0.00 |                        |
| RF: 29669166 9/19/2025 11:20:05 AM P0000000001 No Person by: SAMANTHA LANE Total: 75 Pd: 75 Balance: 0            |             |             |        |          |               |                 |                        |
| *RESCUE DOG TRANSFER FEES                                                                                         | A0000000001 | \$25.00     | 3      | \$0.00   | 0%            | \$0.00          | 0.000% \$75.00         |
| Cash:                                                                                                             | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$75.00 Total: \$75.00 |

| Item                                                                                                          | Animal#     | Unit Price  | Units   | Discount | Reason        | Tax             | SubTotal               |
|---------------------------------------------------------------------------------------------------------------|-------------|-------------|---------|----------|---------------|-----------------|------------------------|
| Visa                                                                                                          |             |             |         |          |               |                 | Paid: \$75.00          |
| Gift paid:                                                                                                    | \$0.00      | Gift Card#: |         |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                 | \$0.00      | Voucher#:   |         |          | Voucher Type: |                 |                        |
| Reference:                                                                                                    |             |             |         |          |               | Change: \$0.00  |                        |
|                                                                                                               |             |             |         |          |               | Balance: \$0.00 |                        |
| RF: 29669207 9/19/2025 11:27:00 AM P0000000001 No Person by: SAMANTHA LANE Total: 50 Pd: 50 Balance: 0        |             |             |         |          |               |                 |                        |
| *RESCUE DOG TRANSFER FEES                                                                                     | A0000000001 | \$25.00     | 2       | \$0.00   | 0%            | \$0.00          | 0.000% \$50.00         |
| Cash:                                                                                                         | \$0.00      | Cheque:     | \$0.00  | Debit:   | \$0.00        | Credit Card:    | \$50.00 Total: \$50.00 |
| Paypal                                                                                                        |             |             |         |          |               |                 | Paid: \$50.00          |
| Gift paid:                                                                                                    | \$0.00      | Gift Card#: |         |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                 | \$0.00      | Voucher#:   |         |          | Voucher Type: |                 |                        |
| Reference:                                                                                                    |             |             |         |          |               | Change: \$0.00  |                        |
|                                                                                                               |             |             |         |          |               | Balance: \$0.00 |                        |
| RF: 29669215 9/19/2025 11:28:00 AM P0000000001 No Person by: SAMANTHA LANE Total: 25 Pd: 25 Balance: 0        |             |             |         |          |               |                 |                        |
| *RESCUE DOG TRANSFER FEES                                                                                     | A0000000001 | \$25.00     | 1       | \$0.00   | 0%            | \$0.00          | 0.000% \$25.00         |
| Cash:                                                                                                         | \$0.00      | Cheque:     | \$25.00 | Debit:   | \$0.00        | Credit Card:    | \$0.00 Total: \$25.00  |
|                                                                                                               |             |             |         |          |               |                 | Paid: \$25.00          |
| Gift paid:                                                                                                    | \$0.00      | Gift Card#: |         |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                 | \$0.00      | Voucher#:   |         |          | Voucher Type: |                 |                        |
| Reference:                                                                                                    |             |             |         |          |               | Change: \$0.00  |                        |
|                                                                                                               |             |             |         |          |               | Balance: \$0.00 |                        |
| RF: 29672238 9/23/2025 12:05:00 PM P0048341493 JODI WILLIAMSON by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0 |             |             |         |          |               |                 |                        |
| 1RABVAC1                                                                                                      | A0057947497 | \$10.00     | 1       | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00         |
| 1BORDETELLA BRONCHISEPT ICA                                                                                   | A0057947497 | \$10.00     | 1       | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00         |
| 1Duramune Mex F VACCINE ONLY                                                                                  | A0057947497 | \$10.00     | 1       | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00         |
| *CANINE ADOPTION FEE                                                                                          | A0057947497 | \$10.00     | 1       | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00         |
| 1CANINE VOUCHER 72-2206-001                                                                                   | A0057947497 | \$0.00      | 1       | \$0.00   | 0%            | \$0.00          | 0.000% \$0.00          |
| Cash:                                                                                                         | \$40.00     | Cheque:     | \$0.00  | Debit:   | \$0.00        | Credit Card:    | \$0.00 Total: \$40.00  |
|                                                                                                               |             |             |         |          |               |                 | Paid: \$40.00          |
| Gift paid:                                                                                                    | \$0.00      | Gift Card#: |         |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                 | \$0.00      | Voucher#:   |         |          | Voucher Type: |                 |                        |
| Reference:                                                                                                    |             |             |         |          |               | Change: \$0.00  |                        |
|                                                                                                               |             |             |         |          |               | Balance: \$0.00 |                        |



| Item                                                                                                     | Animal#     | Unit Price  | Units  | Discount | Reason | Tax           | SubTotal        |
|----------------------------------------------------------------------------------------------------------|-------------|-------------|--------|----------|--------|---------------|-----------------|
| RF: 29672274 9/23/2025 12:42:00 PM P0027063956 JO BOONE by ELAINE RAMIREZ Total: 55 Pd: 55 Balance: 0    |             |             |        |          |        |               |                 |
| 1RABVAC1                                                                                                 | A0059393423 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| RECLAIM FEE                                                                                              | A0059393423 | \$25.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| 1Duramune<br>Max 5<br>VACCINE<br>ONLY                                                                    | A0059393423 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| 1BORDETELLA<br>BRONCHISEPT<br>ICA                                                                        | A0059393423 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| Cash:                                                                                                    | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00 | Credit Card:  | \$55.00         |
|                                                                                                          |             |             |        |          |        | MasterCard    | Total: \$55.00  |
| Gift paid:                                                                                               | \$0.00      | Gift Card#: |        |          |        | Gift Type:    |                 |
| Voucher Paid:                                                                                            | \$0.00      | Voucher#:   |        |          |        | Voucher Type: |                 |
| Reference:                                                                                               |             |             |        |          |        |               | Change: \$0.00  |
|                                                                                                          |             |             |        |          |        |               | Balance: \$0.00 |
| RF: 29672568 9/23/2025 1:00:00 PM P0043620478 LAKEN HALL by ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0   |             |             |        |          |        |               |                 |
| *CANINE<br>ADOPTION<br>FEE                                                                               | A0059304957 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| 1RABVAC1                                                                                                 | A0059304957 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| 1BORDETELLA<br>BRONCHISEPT<br>ICA                                                                        | A0059304957 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| 1Duramune<br>Max 5<br>VACCINE<br>ONLY                                                                    | A0059304957 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| 1CANINE<br>VOUCHER 72-<br>2206-001                                                                       | A0059304957 | \$0.00      | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| Cash:                                                                                                    | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00 | Credit Card:  | \$40.00         |
|                                                                                                          |             |             |        |          |        | Visa          | Total: \$40.00  |
| Gift paid:                                                                                               | \$0.00      | Gift Card#: |        |          |        | Gift Type:    |                 |
| Voucher Paid:                                                                                            | \$0.00      | Voucher#:   |        |          |        | Voucher Type: |                 |
| Reference:                                                                                               |             |             |        |          |        |               | Change: \$0.00  |
|                                                                                                          |             |             |        |          |        |               | Balance: \$0.00 |
| RF: 29673020 9/23/2025 2:14:00 PM P0044876688 DEIRDRE RYAN by ELAINE RAMIREZ Total: 20 Pd: 20 Balance: 0 |             |             |        |          |        |               |                 |
| 1RABVAC1                                                                                                 | A0059415337 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| 1RABVAC1                                                                                                 | A0059415328 | \$10.00     | 1      | \$0.00   | 0%     | \$0.00        | 0.000%          |
| Cash:                                                                                                    | \$20.00     | Cheque:     | \$0.00 | Debit:   | \$0.00 | Credit Card:  | \$0.00          |
|                                                                                                          |             |             |        |          |        |               | Total: \$20.00  |
| Gift paid:                                                                                               | \$0.00      | Gift Card#: |        |          |        | Gift Type:    |                 |
| Voucher Paid:                                                                                            | \$0.00      | Voucher#:   |        |          |        | Voucher Type: |                 |
| Reference:                                                                                               |             |             |        |          |        |               | Change: \$0.00  |
|                                                                                                          |             |             |        |          |        |               | Balance: \$0.00 |

| Item                                                                                                             | Animal#     | Unit Price | Units       | Discount | Reason        | Tax          | SubTotal |
|------------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|----------|---------------|--------------|----------|
| RF: 29673136 9/23/2025 2:30:00 PM P0048342981 MARY WILLIAMS-BOYKIN by ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0 |             |            |             |          |               |              |          |
| * KITTEN ADOPTION FEE                                                                                            | A0059331149 | \$35.00    | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| 1FELINE VOUCHER 72-2206-001                                                                                      | A0059331149 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| Cash:                                                                                                            |             | \$35.00    | Cheque:     |          | \$0.00        | Debit:       |          |
|                                                                                                                  |             |            |             |          | \$0.00        | Credit Card: |          |
|                                                                                                                  |             |            |             |          | \$0.00        | Total:       |          |
|                                                                                                                  |             |            |             |          |               | \$35.00      |          |
| Gift paid:                                                                                                       |             | \$0.00     | Gift Card#: |          | Gift Type:    |              |          |
| Voucher Paid:                                                                                                    |             | \$0.00     | Voucher#:   |          | Voucher Type: |              |          |
| Reference:                                                                                                       |             |            |             |          |               |              | Change:  |
|                                                                                                                  |             |            |             |          |               |              | Balance: |
|                                                                                                                  |             |            |             |          |               |              | \$0.00   |
|                                                                                                                  |             |            |             |          |               |              | \$0.00   |
| RF: 29673574 9/23/2025 3:34:00 PM P0048343673 LESLIE HOGGARD by ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0       |             |            |             |          |               |              |          |
| 1CANINE VOUCHER 72-2206-001                                                                                      | A0059331144 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| *CANINE ADOPTION FEE                                                                                             | A0059331144 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| 1BORDETELLA BRONCHISEPT ICA                                                                                      | A0059331144 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| 1RABVAC1                                                                                                         | A0059331144 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| 1Duramune Max 5 VACCINE ONLY                                                                                     | A0059331144 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| Cash:                                                                                                            |             | \$0.00     | Cheque:     |          | \$0.00        | Credit Card: |          |
|                                                                                                                  |             |            |             |          | \$0.00        | \$40.00      |          |
|                                                                                                                  |             |            |             |          |               | Total:       |          |
|                                                                                                                  |             |            |             |          |               | \$40.00      |          |
| Gift paid:                                                                                                       |             | \$0.00     | Gift Card#: |          | Gift Type:    |              |          |
| Voucher Paid:                                                                                                    |             | \$0.00     | Voucher#:   |          | Voucher Type: |              |          |
| Reference:                                                                                                       |             |            |             |          |               |              | Change:  |
|                                                                                                                  |             |            |             |          |               |              | Balance: |
|                                                                                                                  |             |            |             |          |               |              | \$0.00   |
|                                                                                                                  |             |            |             |          |               |              | \$0.00   |
| RF: 29674114 9/23/2025 4:47:00 PM P0048344451 CATHERINE ZAYAS by ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0      |             |            |             |          |               |              |          |
| * PUPPY ADOPTION FEE                                                                                             | A0059391292 | \$20.00    | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| 1BORDETELLA BRONCHISEPT ICA                                                                                      | A0059391292 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| 1Duramune Max 5 VACCINE ONLY                                                                                     | A0059391292 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| 1CANINE VOUCHER 72-2206-001                                                                                      | A0059391292 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00       | 0.000%   |
| Cash:                                                                                                            |             | \$0.00     | Cheque:     |          | \$0.00        | Credit Card: |          |
|                                                                                                                  |             |            |             |          | \$0.00        | \$40.00      |          |
|                                                                                                                  |             |            |             |          |               | Total:       |          |
|                                                                                                                  |             |            |             |          |               | \$40.00      |          |
| Gift paid:                                                                                                       |             | \$0.00     | Gift Card#: |          | Gift Type:    |              |          |
|                                                                                                                  |             |            |             |          | MasterCard    |              |          |
|                                                                                                                  |             |            |             |          |               | Paid:        |          |
|                                                                                                                  |             |            |             |          |               | \$40.00      |          |



| Item                                                                                                         | Animal#     | Unit Price  | Units     | Discount      | Reason        | Tax          | SubTotal       |
|--------------------------------------------------------------------------------------------------------------|-------------|-------------|-----------|---------------|---------------|--------------|----------------|
| Voucher Paid:                                                                                                |             | \$0.00      | Voucher#: |               | Voucher Type: |              |                |
| Reference:                                                                                                   |             |             |           |               |               | Change:      | \$0.00         |
|                                                                                                              |             |             |           |               |               | Balance:     | \$0.00         |
| RF: 29676056 9/24/2025 12:54:00 PM P0048347596 KATERYNA BAGRII by ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0 |             |             |           |               |               |              |                |
| *CANINE ADOPTION FEE                                                                                         | A0059313453 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00        |
| 1RABVAC1                                                                                                     | A0059313453 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00        |
| 1Duramune Max 5 VACCINE ONLY                                                                                 | A0059313453 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00        |
| 1BORDETELLA BRONCHISEPT ICA                                                                                  | A0059313453 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00        |
| Cash:                                                                                                        | \$0.00      | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: | \$40.00        |
|                                                                                                              |             |             |           |               |               | Total:       | \$40.00        |
|                                                                                                              |             |             |           |               |               | Visa         | Paid: \$40.00  |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |           | Gift Type:    |               |              |                |
| Voucher Paid:                                                                                                | \$0.00      | Voucher#:   |           | Voucher Type: |               |              |                |
| Reference:                                                                                                   |             |             |           |               |               | Change:      | \$0.00         |
|                                                                                                              |             |             |           |               |               | Balance:     | \$0.00         |
| RF: 29677173 9/24/2025 3:53:00 PM P0048349420 ALEXANDRIA BROWN by SAMANTHA LANE Total: 40 Pd: 40 Balance: 0  |             |             |           |               |               |              |                |
| *CANINE ADOPTION FEE                                                                                         | A0000000001 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00        |
| 1Duramune Max 5 VACCINE ONLY                                                                                 | A0000000001 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00        |
| 1RABVAC1                                                                                                     | A0000000001 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00        |
| 1BORDETELLA BRONCHISEPT ICA                                                                                  | A0000000001 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00        |
| Cash:                                                                                                        | \$0.00      | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: | \$40.00        |
|                                                                                                              |             |             |           |               |               | Total:       | \$40.00        |
|                                                                                                              |             |             |           |               |               | Visa         | Paid: \$40.00  |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |           | Gift Type:    |               |              |                |
| Voucher Paid:                                                                                                | \$0.00      | Voucher#:   |           | Voucher Type: |               |              |                |
| Reference:                                                                                                   |             |             |           |               |               | Change:      | \$0.00         |
|                                                                                                              |             |             |           |               |               | Balance:     | \$0.00         |
| RF: 29679588 9/25/2025 1:25:00 PM P0044703830 CARLOS SANCHEZ by ELAINE RAMIREZ Total: 560 Pd: 560 Balance: 0 |             |             |           |               |               |              |                |
| BITE INVESTIGATION                                                                                           | A0059371740 | \$250.00    | 1         | \$0.00        | 0%            | \$0.00       | \$250.00       |
| DANGEROUS ANIMAL                                                                                             | A0059371740 | \$300.00    | 1         | \$0.00        | 0%            | \$0.00       | \$300.00       |
| 1RABVAC1                                                                                                     | A0059371740 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00        |
| Cash:                                                                                                        | \$0.00      | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: | \$560.00       |
|                                                                                                              |             |             |           |               |               | Total:       | \$560.00       |
|                                                                                                              |             |             |           |               |               | MasterCard   | Paid: \$560.00 |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |           | Gift Type:    |               |              |                |

| Item                                                                                                      | Animal#     | Unit Price  | Units     | Discount      | Reason        | Tax          | SubTotal      |
|-----------------------------------------------------------------------------------------------------------|-------------|-------------|-----------|---------------|---------------|--------------|---------------|
| Voucher Paid:                                                                                             |             | \$0.00      | Voucher#: |               | Voucher Type: |              |               |
| Reference:                                                                                                |             |             |           |               |               | Change:      | \$0.00        |
|                                                                                                           |             |             |           |               |               | Balance:     | \$0.00        |
| RF: 29680217 9/25/2025 3:10:00 PM P0048352302 FAZIL MOHAMED by ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0 |             |             |           |               |               |              |               |
| 1CANINE VOUCHER 72 2206-001                                                                               | A0059312462 | \$0.00      | 1         | \$0.00        | 0%            | \$0.00       | \$0.00        |
| 1BORDETELLA BRONCHISEPT ICA                                                                               | A0059312462 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00       |
| *CANINE ADOPTION FEE                                                                                      | A0059312462 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00       |
| 1Duramune Max 5 VACCINE ONLY                                                                              | A0059312462 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00       |
| 1RABVAC1                                                                                                  | A0059312462 | \$10.00     | 1         | \$0.00        | 0%            | \$0.00       | \$10.00       |
| Cash:                                                                                                     | \$0.00      | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: | \$40.00       |
|                                                                                                           |             |             |           |               |               | Total:       | \$40.00       |
|                                                                                                           |             |             |           |               |               | MasterCard   | Paid: \$40.00 |
| Gift paid:                                                                                                | \$0.00      | Gift Card#: |           | Gift Type:    |               |              |               |
| Voucher Paid:                                                                                             | \$0.00      | Voucher#:   |           | Voucher Type: |               |              |               |
| Reference:                                                                                                |             |             |           |               |               | Change:      | \$0.00        |
|                                                                                                           |             |             |           |               |               | Balance:     | \$0.00        |
| RF: 29680903 9/25/2025 3:42:00 PM P0048222464 ERIC GANTY by ELAINE RAMIREZ Total: 300 Pd: 300 Balance: 0  |             |             |           |               |               |              |               |
| *DUTY TO CONTROL-1ST 762440005                                                                            | A0000000001 | \$50.00     | 1         | \$0.00        | 0%            | \$0.00       | \$50.00       |
| *CRUELTY AND NEGLECT                                                                                      | A0000000001 | \$250.00    | 1         | \$0.00        | 0%            | \$0.00       | \$250.00      |
| Cash:                                                                                                     | \$300.00    | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: | \$0.00        |
|                                                                                                           |             |             |           |               |               | Total:       | \$300.00      |
|                                                                                                           |             |             |           |               |               | Paid:        | \$300.00      |
| Gift paid:                                                                                                | \$0.00      | Gift Card#: |           | Gift Type:    |               |              |               |
| Voucher Paid:                                                                                             | \$0.00      | Voucher#:   |           | Voucher Type: |               |              |               |
| Reference:                                                                                                |             |             |           |               |               | Change:      | \$0.00        |
|                                                                                                           |             |             |           |               |               | Balance:     | \$0.00        |
| RF: 29681907 9/24/2025 9:34:00 PM P0000000001 No Person by SAMANTHA LANE Total: 75 Pd: 75 Balance: 0      |             |             |           |               |               |              |               |
| *RESCUE DOG TRANSFER FEES                                                                                 | A0000000001 | \$25.00     | 3         | \$0.00        | 0%            | \$0.00       | \$75.00       |
| Cash:                                                                                                     | \$0.00      | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: | \$75.00       |
|                                                                                                           |             |             |           |               |               | Total:       | \$75.00       |
|                                                                                                           |             |             |           |               |               | Visa         | Paid: \$75.00 |
| Gift paid:                                                                                                | \$0.00      | Gift Card#: |           | Gift Type:    |               |              |               |
| Voucher Paid:                                                                                             | \$0.00      | Voucher#:   |           | Voucher Type: |               |              |               |
| Reference:                                                                                                |             |             |           |               |               | Change:      | \$0.00        |
|                                                                                                           |             |             |           |               |               | Balance:     | \$0.00        |



| Item                                                                                                       | Animal#     | Unit Price  | Units  | Discount  | Reason | Tax           | SubTotal                          |
|------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|-----------|--------|---------------|-----------------------------------|
| R# 29681909 9/23/2025 8:39:00 PM P0000000001 No Person by: SAMANTHA LANE Total: 75 Pd: 75 Balance: 0       |             |             |        |           |        |               |                                   |
| *RESCUE DOG TRANSFER FEES                                                                                  | A0000000001 | \$25.00     | 3      | \$0.00 0% |        | \$0.00 0.000% | \$75.00                           |
| Cash:                                                                                                      | \$0.00      | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$75.00 Total: \$75.00            |
|                                                                                                            |             |             |        |           |        | Visa          | Paid: \$75.00                     |
| Gift paid:                                                                                                 | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                                   |
| Voucher Paid:                                                                                              | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                                   |
| Reference:                                                                                                 |             |             |        |           |        |               | Change: \$0.00<br>Balance: \$0.00 |
| R# 29681914 9/22/2025 9:46:00 PM P0000000001 No Person by: SAMANTHA LANE Total: 75 Pd: 75 Balance: 0       |             |             |        |           |        |               |                                   |
| *RESCUE DOG TRANSFER FEES                                                                                  | A0000000001 | \$25.00     | 3      | \$0.00 0% |        | \$0.00 0.000% | \$75.00                           |
| Cash:                                                                                                      | \$0.00      | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$75.00 Total: \$75.00            |
|                                                                                                            |             |             |        |           |        | Paypal        | Paid: \$75.00                     |
| Gift paid:                                                                                                 | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                                   |
| Voucher Paid:                                                                                              | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                                   |
| Reference:                                                                                                 |             |             |        |           |        |               | Change: \$0.00<br>Balance: \$0.00 |
| R# 29681915 9/22/2025 9:47:00 PM P0000000001 No Person by: SAMANTHA LANE Total: 20 Pd: 20 Balance: 0       |             |             |        |           |        |               |                                   |
| *RESCUE CAT TRANSFER FEES                                                                                  | A0000000001 | \$20.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$20.00                           |
| Cash:                                                                                                      | \$0.00      | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$20.00 Total: \$20.00            |
|                                                                                                            |             |             |        |           |        | Visa          | Paid: \$20.00                     |
| Gift paid:                                                                                                 | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                                   |
| Voucher Paid:                                                                                              | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                                   |
| Reference:                                                                                                 |             |             |        |           |        |               | Change: \$0.00<br>Balance: \$0.00 |
| R# 29683971 9/26/2025 3:14:00 PM P0048360482 CYNTHIA MADRID by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0 |             |             |        |           |        |               |                                   |
| *CANINE ADOPTION FEE                                                                                       | A0059352178 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| 1RABVAC1                                                                                                   | A0059352178 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| 1Duramune Max 5 VACCINE ONLY                                                                               | A0059352178 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| 1BORDETELLA BRONCHISEPT ICA                                                                                | A0059352178 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| 1CANINE VOUCHER 72-2206-001                                                                                | A0059352178 | \$0.00      | 1      | \$0.00 0% |        | \$0.00 0.000% | \$0.00                            |
| Cash:                                                                                                      | \$40.00     | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$0.00 Total: \$40.00             |
|                                                                                                            |             |             |        |           |        |               | Paid: \$40.00                     |

| Item                                                                                                       | Animal#     | Unit Price  | Units  | Discount  | Reason | Tax           | SubTotal                          |
|------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|-----------|--------|---------------|-----------------------------------|
| Gift paid:                                                                                                 | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                                   |
| Voucher Paid:                                                                                              | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                                   |
| Reference:                                                                                                 |             |             |        |           |        |               | Change: \$0.00<br>Balance: \$0.00 |
| R# 29695021 9/30/2025 1:01:00 PM P0019317325 JAMES HARVEY by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0   |             |             |        |           |        |               |                                   |
| 1BORDETELLA BRONCHISEPT ICA                                                                                | A0059313457 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| 1CANINE VOUCHER 72-2206-001                                                                                | A0059313457 | \$0.00      | 1      | \$0.00 0% |        | \$0.00 0.000% | \$0.00                            |
| 1Duramune Max 5 VACCINE ONLY                                                                               | A0059313457 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| 1RABVAC1                                                                                                   | A0059313457 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| *CANINE ADOPTION FEE                                                                                       | A0059313457 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| Cash:                                                                                                      | \$40.00     | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$0.00 Total: \$40.00             |
|                                                                                                            |             |             |        |           |        |               | Paid: \$40.00                     |
| Gift paid:                                                                                                 | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                                   |
| Voucher Paid:                                                                                              | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                                   |
| Reference:                                                                                                 |             |             |        |           |        |               | Change: \$0.00<br>Balance: \$0.00 |
| R# 29695102 9/30/2025 1:15:00 PM P0048378676 BOBBY WILLIAMS by: ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0 |             |             |        |           |        |               |                                   |
| *CANINE ADOPTION FEE                                                                                       | A0059312447 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| 1RABVAC1                                                                                                   | A0059312447 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| 1Duramune Max 5 VACCINE ONLY                                                                               | A0059312447 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| 1BORDETELLA BRONCHISEPT ICA                                                                                | A0059312447 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |
| 1CANINE VOUCHER 72-2206-001                                                                                | A0059312447 | \$0.00      | 1      | \$0.00 0% |        | \$0.00 0.000% | \$0.00                            |
| Cash:                                                                                                      | \$40.00     | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$0.00 Total: \$40.00             |
|                                                                                                            |             |             |        |           |        |               | Paid: \$40.00                     |
| Gift paid:                                                                                                 | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                                   |
| Voucher Paid:                                                                                              | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                                   |
| Reference:                                                                                                 |             |             |        |           |        |               | Change: \$0.00<br>Balance: \$0.00 |
| R# 29695217 9/30/2025 1:33:00 PM P0038938499 LINDA NICHOLS by: ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0  |             |             |        |           |        |               |                                   |
| 1PELOCELL CVR-C                                                                                            | A0059205932 | \$10.00     | 1      | \$0.00 0% |        | \$0.00 0.000% | \$10.00                           |



| Item                                                                                                       | Animal#     | Unit Price | Units       | Discount | Reason        | Tax             | SubTotal                            |
|------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|----------|---------------|-----------------|-------------------------------------|
| *FELINE ADOPTION FEE                                                                                       | A0059205932 | \$15.00    | 1           | \$0.00   | 0%            | \$0.00          | 0.000% \$15.00                      |
| 1RABVAC1                                                                                                   | A0059205932 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00                      |
| Cash:                                                                                                      |             | \$35.00    | Cheque:     | \$0.00   | Debit:        | \$0.00          | Credit Card: \$0.00 Total: \$35.00  |
|                                                                                                            |             |            |             |          |               |                 | Paid: \$35.00                       |
| Gift paid:                                                                                                 |             | \$0.00     | Gift Card#: |          | Gift Type:    |                 |                                     |
| Voucher Paid:                                                                                              |             | \$0.00     | Voucher#:   |          | Voucher Type: |                 |                                     |
| Reference:                                                                                                 |             |            |             |          |               | Change:         | \$0.00                              |
|                                                                                                            |             |            |             |          |               | Balance:        | \$0.00                              |
| RR: 29686529 9/30/2025 4:40:00 PM P0046381064 MARY KUSNIERZ by: ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0 |             |            |             |          |               |                 |                                     |
| 1FELINE VOUCHER 72-2206-001                                                                                | A0059198137 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00          | 0.000% \$0.00                       |
| 1FELICELL                                                                                                  | A0059198137 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00                      |
| 1RABVAC1                                                                                                   | A0059198137 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00                      |
| *FELINE ADOPTION FEE                                                                                       | A0059198137 | \$15.00    | 1           | \$0.00   | 0%            | \$0.00          | 0.000% \$15.00                      |
| Cash:                                                                                                      |             | \$0.00     | Cheque:     | \$0.00   | Debit:        | \$0.00          | Credit Card: \$35.00 Total: \$35.00 |
|                                                                                                            |             |            |             |          |               | Visa            | Paid: \$35.00                       |
| Gift paid:                                                                                                 |             | \$0.00     | Gift Card#: |          | Gift Type:    |                 |                                     |
| Voucher Paid:                                                                                              |             | \$0.00     | Voucher#:   |          | Voucher Type: |                 |                                     |
| Reference:                                                                                                 |             |            |             |          |               | Change:         | \$0.00                              |
|                                                                                                            |             |            |             |          |               | Balance:        | \$0.00                              |
| Cash \$1,190.00 (\$1,190.00 \$0.00) Total Revenue \$5,110.00                                               |             |            |             |          |               |                 |                                     |
| Cheque:                                                                                                    |             | \$25.00    |             |          |               | Total Discount: | \$0.00                              |
| Credit:                                                                                                    |             | \$3,895.00 |             |          |               | Total Paid:     | \$5,110.00                          |
| Visa:                                                                                                      |             | \$2,095.00 |             |          |               |                 |                                     |
| MasterCard:                                                                                                |             | \$1,585.00 |             |          |               |                 |                                     |
| Amex:                                                                                                      |             | \$40.00    |             |          |               |                 |                                     |
| Paypal:                                                                                                    |             | \$175.00   |             |          |               |                 |                                     |
| Debit:                                                                                                     |             | \$0.00     |             |          |               | Total Balance:  | \$0.00                              |
| Gift Card:                                                                                                 |             | \$0.00     |             |          |               | Total Tax:      | \$0.00                              |
| Voucher Paid:                                                                                              |             | \$0.00     |             |          |               |                 |                                     |

| ReceiptID | Total   | CashPaid | ChequePaid | DebitPaid | CreditCard | ReceiptDate         | SubTotal | ReceiptItemType                |
|-----------|---------|----------|------------|-----------|------------|---------------------|----------|--------------------------------|
| 29606467  | 151 50  | 0.00     | 0          | 0         | 50         | 09/02/2025 10:05 AM | 50       | *RESCUE DOG TRANSFER FEES      |
| 29606481  | 151 300 | 0.00     | 0          | 0         | 300        | 09/02/2025 10:08 AM | 150      | *DUTY TO CONTROL-1ST 762440005 |
| 29606481  | 151 300 | 0.00     | 0          | 0         | 300        | 09/02/2025 10:08 AM | 150      | *NUISANCE ANIMAL PROHIBITE 1ST |
| 29603139  | 151 260 | 0.00     | 0          | 0         | 260        | 09/02/2025 12:06 PM | 10       | 1RABVAC1                       |
| 29603139  | 151 260 | 0.00     | 0          | 0         | 260        | 09/02/2025 12:06 PM | 250      | BITE IVESTIGATION              |
| 29603378  | 151 40  | 40.00    | 0          | 0         | 0          | 09/02/2025 12:49 PM | 0        | 1CANINE VOUCHER 72-2206-001    |
| 29603378  | 151 40  | 40.00    | 0          | 0         | 0          | 09/02/2025 12:49 PM | 10       | 1Duramune Max 5 VACCINE ONLY   |
| 29603378  | 151 40  | 40.00    | 0          | 0         | 0          | 09/02/2025 12:49 PM | 10       | 1BORDETELLA BRONCHISEPTICA     |
| 29603378  | 151 40  | 40.00    | 0          | 0         | 0          | 09/02/2025 12:49 PM | 20       | * PUPPY ADOPTION FEE           |
| 29603900  | 151 40  | 40.00    | 0          | 0         | 0          | 09/02/2025 2:01 PM  | 10       | 1RABVAC1                       |
| 29603900  | 151 40  | 40.00    | 0          | 0         | 0          | 09/02/2025 2:01 PM  | 10       | 1RABVAC1                       |
| 29603900  | 151 40  | 40.00    | 0          | 0         | 0          | 09/02/2025 2:01 PM  | 10       | 1RABVAC1                       |
| 29603900  | 151 40  | 40.00    | 0          | 0         | 0          | 09/02/2025 2:01 PM  | 10       | 1RABVAC1                       |
| 29604786  | 151 260 | 0.00     | 0          | 0         | 260        | 09/02/2025 4:04 PM  | 10       | 1RABVAC1                       |
| 29604786  | 151 260 | 0.00     | 0          | 0         | 260        | 09/02/2025 4:04 PM  | 250      | BITE IVESTIGATION              |
| 29607515  | 210 55  | 0.00     | 0          | 0         | 55         | 09/03/2025 1:43 PM  | 10       | 1RABVAC1                       |
| 29607515  | 210 55  | 0.00     | 0          | 0         | 55         | 09/03/2025 1:43 PM  | 10       | 1Duramune Max 5 VACCINE ONLY   |
| 29607515  | 210 55  | 0.00     | 0          | 0         | 55         | 09/03/2025 1:43 PM  | 10       | 1BORDETELLA BRONCHISEPTICA     |
| 29607515  | 210 55  | 0.00     | 0          | 0         | 55         | 09/03/2025 1:43 PM  | 25       | RECLAIM FEE                    |
| 29626406  | 237 50  | 0.00     | 0          | 0         | 50         | 09/04/2025 12:03 PM | 50       | *RESCUE DOG TRANSFER FEES      |
| 29610308  | 237 40  | 40.00    | 0          | 0         | 0          | 09/04/2025 12:25 PM | 10       | 1Duramune Max 5 VACCINE ONLY   |
| 29610308  | 237 40  | 40.00    | 0          | 0         | 0          | 09/04/2025 12:25 PM | 10       | 1BORDETELLA BRONCHISEPTICA     |
| 29610308  | 237 40  | 40.00    | 0          | 0         | 0          | 09/04/2025 12:25 PM | 10       | 1BORDETELLA BRONCHISEPTICA     |
| 29610308  | 237 40  | 40.00    | 0          | 0         | 0          | 09/04/2025 12:25 PM | 10       | 1Duramune Max 5 VACCINE ONLY   |
| 29610440  | 237 50  | 0.00     | 0          | 0         | 50         | 09/04/2025 12:52 PM | 25       | *RESCUE DOG TRANSFER FEES      |
| 29610440  | 237 50  | 0.00     | 0          | 0         | 50         | 09/04/2025 12:52 PM | 25       | *RESCUE DOG TRANSFER FEES      |
| 29610529  | 237 30  | 30.00    | 0          | 0         | 0          | 09/04/2025 1:06 PM  | 10       | 1RABVAC1                       |
| 29610529  | 237 30  | 30.00    | 0          | 0         | 0          | 09/04/2025 1:06 PM  | 10       | 1Duramune Max 5 VACCINE ONLY   |
| 29610529  | 237 30  | 30.00    | 0          | 0         | 0          | 09/04/2025 1:06 PM  | 10       | 1BORDETELLA BRONCHISEPTICA     |
| 29610765  | 237 10  | 10.00    | 0          | 0         | 0          | 09/04/2025 1:43 PM  | 10       | 1RABVAC1                       |
| 29614605  | 237 35  | 35.00    | 0          | 0         | 0          | 09/05/2025 2:22 PM  | 0        | 1FELINE VOUCHER 72-2206-001    |
| 29614605  | 237 35  | 35.00    | 0          | 0         | 0          | 09/05/2025 2:22 PM  | 35       | * KITTEN ADOPTION FEE          |



|          |     |    |       |   |   |    |                     |    |                              |
|----------|-----|----|-------|---|---|----|---------------------|----|------------------------------|
| 29615206 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/05/2025 3:38 PM  | 10 | *CANINE ADOPTION FEE         |
| 29615206 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/05/2025 3:38 PM  | 0  | 1CANINE VOUCHER 72-2206-001  |
| 29615206 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/05/2025 3:38 PM  | 10 | 1RABVAC1                     |
| 29615206 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/05/2025 3:38 PM  | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29615206 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/05/2025 3:38 PM  | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29616942 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 10:37 AM | 10 | *CANINE ADOPTION FEE         |
| 29616942 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 10:37 AM | 0  | 1CANINE VOUCHER 72-2206-001  |
| 29616942 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 10:37 AM | 10 | 1RABVAC1                     |
| 29616942 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 10:37 AM | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29616942 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 10:37 AM | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29617012 | 237 | 35 | 35.00 | 0 | 0 | 0  | 09/06/2025 11:01 AM | 0  | 1FELINE VOUCHER 72-2206-001  |
| 29617012 | 237 | 35 | 35.00 | 0 | 0 | 0  | 09/06/2025 11:01 AM | 35 | * KITTEN ADOPTION FEE        |
| 29617093 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 11:21 AM | 10 | *CANINE ADOPTION FEE         |
| 29617093 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 11:21 AM | 0  | 1CANINE VOUCHER 72-2206-001  |
| 29617093 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 11:21 AM | 10 | 1RABVAC1                     |
| 29617093 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 11:21 AM | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29617093 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 11:21 AM | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29618622 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 2:30 PM  | 10 | *CANINE ADOPTION FEE         |
| 29618622 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 2:30 PM  | 0  | 1CANINE VOUCHER 72-2206-001  |
| 29618622 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 2:30 PM  | 10 | 1RABVAC1                     |
| 29618622 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 2:30 PM  | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29618622 | 247 | 40 | 0.00  | 0 | 0 | 40 | 09/06/2025 2:30 PM  | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29627138 | 274 | 25 | 0.00  | 0 | 0 | 25 | 09/09/2025 1:57 PM  | 25 | *LONNIE'S ANGELS 72-22065    |
| 29627515 | 274 | 35 | 0.00  | 0 | 0 | 35 | 09/09/2025 2:51 PM  | 10 | 1RABVAC1                     |
| 29627515 | 274 | 35 | 0.00  | 0 | 0 | 35 | 09/09/2025 2:51 PM  | 10 | 1FELOCELL CVR-C              |
| 29627515 | 274 | 35 | 0.00  | 0 | 0 | 35 | 09/09/2025 2:51 PM  | 0  | 1FELINE VOUCHER 72-2206-001  |
| 29627515 | 274 | 35 | 0.00  | 0 | 0 | 35 | 09/09/2025 2:51 PM  | 15 | *FELINE ADOPTION FEE         |
| 29628357 | 274 | 40 | 0.00  | 0 | 0 | 40 | 09/09/2025 4:40 PM  | 10 | *CANINE ADOPTION FEE         |
| 29628357 | 274 | 40 | 0.00  | 0 | 0 | 40 | 09/09/2025 4:40 PM  | 0  | 1CANINE VOUCHER 72-2206-001  |
| 29628357 | 274 | 40 | 0.00  | 0 | 0 | 40 | 09/09/2025 4:40 PM  | 10 | 1RABVAC1                     |
| 29628357 | 274 | 40 | 0.00  | 0 | 0 | 40 | 09/09/2025 4:40 PM  | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29628357 | 274 | 40 | 0.00  | 0 | 0 | 40 | 09/09/2025 4:40 PM  | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29669057 | 380 | 50 | 0.00  | 0 | 0 | 50 | 09/10/2025 10:47 AM | 50 | *RESCUE DOG TRANSFER FEES    |
| 29630222 | 350 | 20 | 20.00 | 0 | 0 | 0  | 09/10/2025 12:15 PM | 20 | *LONNIE'S ANGELS 72-22065    |

|          |     |     |       |    |   |     |                     |    |                              |
|----------|-----|-----|-------|----|---|-----|---------------------|----|------------------------------|
| 29650801 | 529 | 55  | 0.00  | 0  | 0 | 55  | 09/16/2025 3:20 PM  | 10 | 1RABVAC1                     |
| 29650801 | 529 | 55  | 0.00  | 0  | 0 | 55  | 09/16/2025 3:20 PM  | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29650801 | 529 | 55  | 0.00  | 0  | 0 | 55  | 09/16/2025 3:20 PM  | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29650801 | 529 | 55  | 0.00  | 0  | 0 | 55  | 09/16/2025 3:20 PM  | 25 | RECLAIM FEE                  |
| 29651299 | 529 | 25  | 0.00  | 0  | 0 | 25  | 09/16/2025 4:37 PM  | 25 | RECLAIM FEE                  |
| 29651485 | 495 | 40  | 40.00 | 0  | 0 | 0   | 09/16/2025 4:59 PM  | 0  | 1CANINE VOUCHER 72-2206-001  |
| 29651485 | 495 | 40  | 40.00 | 0  | 0 | 0   | 09/16/2025 4:59 PM  | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29651485 | 495 | 40  | 40.00 | 0  | 0 | 0   | 09/16/2025 4:59 PM  | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29651485 | 495 | 40  | 40.00 | 0  | 0 | 0   | 09/16/2025 4:59 PM  | 20 | * PUPPY ADOPTION FEE         |
| 29669166 | 510 | 75  | 0.00  | 0  | 0 | 75  | 09/18/2025 11:20 AM | 75 | *RESCUE DOG TRANSFER FEES    |
| 29656544 | 510 | 110 | 0.00  | 0  | 0 | 110 | 09/18/2025 12:04 PM | 10 | 1RABVAC1                     |
| 29656544 | 510 | 110 | 0.00  | 0  | 0 | 110 | 09/18/2025 12:04 PM | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29656544 | 510 | 110 | 0.00  | 0  | 0 | 110 | 09/18/2025 12:04 PM | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29656544 | 510 | 110 | 0.00  | 0  | 0 | 110 | 09/18/2025 12:04 PM | 25 | RECLAIM FEE                  |
| 29656544 | 510 | 110 | 0.00  | 0  | 0 | 110 | 09/18/2025 12:04 PM | 25 | RECLAIM FEE                  |
| 29656544 | 510 | 110 | 0.00  | 0  | 0 | 110 | 09/18/2025 12:04 PM | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29656544 | 510 | 110 | 0.00  | 0  | 0 | 110 | 09/18/2025 12:04 PM | 10 | 1RABVAC1                     |
| 29656544 | 510 | 110 | 0.00  | 0  | 0 | 110 | 09/18/2025 12:04 PM | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29656644 | 510 | 20  | 0.00  | 0  | 0 | 20  | 09/18/2025 12:24 PM | 10 | 1RABVAC1                     |
| 29656644 | 510 | 20  | 0.00  | 0  | 0 | 20  | 09/18/2025 12:24 PM | 10 | 1RABVAC1                     |
| 29658198 | 495 | 40  | 0.00  | 0  | 0 | 40  | 09/18/2025 4:10 PM  | 10 | *CANINE ADOPTION FEE         |
| 29658198 | 495 | 40  | 0.00  | 0  | 0 | 40  | 09/18/2025 4:10 PM  | 10 | 1RABVAC1                     |
| 29658198 | 495 | 40  | 0.00  | 0  | 0 | 40  | 09/18/2025 4:10 PM  | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29658198 | 495 | 40  | 0.00  | 0  | 0 | 40  | 09/18/2025 4:10 PM  | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29669207 | 520 | 50  | 0.00  | 0  | 0 | 50  | 09/19/2025 11:27 AM | 50 | *RESCUE DOG TRANSFER FEES    |
| 29669215 | 520 | 25  | 0.00  | 25 | 0 | 0   | 09/19/2025 11:28 AM | 25 | *RESCUE DOG TRANSFER FEES    |
| 29660804 | 495 | 50  | 0.00  | 0  | 0 | 50  | 09/19/2025 1:48 PM  | 50 | OWNER SURRENDER EUTHANASIA   |
| 29664181 | 520 | 35  | 0.00  | 0  | 0 | 35  | 09/20/2025 1:02 PM  | 10 | 1RABVAC1                     |
| 29664181 | 520 | 35  | 0.00  | 0  | 0 | 35  | 09/20/2025 1:02 PM  | 10 | 1FELOCELL CVR-C              |
| 29664181 | 520 | 35  | 0.00  | 0  | 0 | 35  | 09/20/2025 1:02 PM  | 15 | *FELINE ADOPTION FEE         |
| 29681914 | 509 | 75  | 0.00  | 0  | 0 | 75  | 09/22/2025 9:46 PM  | 75 | *RESCUE DOG TRANSFER FEES    |
| 29681915 | 509 | 20  | 0.00  | 0  | 0 | 20  | 09/22/2025 9:47 PM  | 20 | *RESCUE CAT TRANSFER FEES    |
| 29672238 | 558 | 40  | 40.00 | 0  | 0 | 0   | 09/23/2025 12:05 PM | 10 | *CANINE ADOPTION FEE         |
| 29672238 | 558 | 40  | 40.00 | 0  | 0 | 0   | 09/23/2025 12:05 PM | 0  | 1CANINE VOUCHER 72-2206-001  |



|          |     |     |        |  |   |   |     |                     |     |                                |
|----------|-----|-----|--------|--|---|---|-----|---------------------|-----|--------------------------------|
| 29633846 | 350 | 35  | 0.00   |  | 0 | 0 | 35  | 09/11/2025 12:19 PM | 35  | * KITTEN ADOPTION FEE          |
| 29634064 | 350 | 165 | 165.00 |  | 0 | 0 | 0   | 09/11/2025 12:58 PM | 105 | BOARDING FEE                   |
| 29634064 | 350 | 165 | 165.00 |  | 0 | 0 | 0   | 09/11/2025 12:58 PM | 10  | 1RABVAC1                       |
| 29634064 | 350 | 165 | 165.00 |  | 0 | 0 | 0   | 09/11/2025 12:58 PM | 10  | 1Duramune Max 5 VACCINE ONLY   |
| 29634064 | 350 | 165 | 165.00 |  | 0 | 0 | 0   | 09/11/2025 12:58 PM | 10  | 1BORDETELLA BRONCHISEPTICA     |
| 29634064 | 350 | 165 | 165.00 |  | 0 | 0 | 0   | 09/11/2025 12:58 PM | 30  | RECLAIM FEE                    |
| 29634389 | 350 | 10  | 10.00  |  | 0 | 0 | 0   | 09/11/2025 1:46 PM  | 10  | 1RABVAC1                       |
| 29650240 | 350 | 75  | 0.00   |  | 0 | 0 | 75  | 09/11/2025 2:05 PM  | 75  | *RESCUE DOG TRANSFER FEES      |
| 29637397 | 350 | 10  | 10.00  |  | 0 | 0 | 0   | 09/12/2025 12:08 PM | 10  | 1RABVAC1                       |
| 29637587 | 391 | 700 | 0.00   |  | 0 | 0 | 700 | 09/12/2025 12:40 PM | 100 | *DUTY TO CONTROL-1ST 762440005 |
| 29637587 | 391 | 700 | 0.00   |  | 0 | 0 | 700 | 09/12/2025 12:40 PM | 500 | * RABIES VACCINATION REQUIRED  |
| 29637587 | 391 | 700 | 0.00   |  | 0 | 0 | 700 | 09/12/2025 12:40 PM | 100 | * DOG AT- LARGE PROHIBITED 1ST |
| 29637996 | 391 | 35  | 0.00   |  | 0 | 0 | 35  | 09/12/2025 1:53 PM  | 0   | 1FELINE VOUCHER 72-2206-001    |
| 29637996 | 391 | 35  | 0.00   |  | 0 | 0 | 35  | 09/12/2025 1:53 PM  | 35  | * KITTEN ADOPTION FEE          |
| 29638131 | 391 | 40  | 0.00   |  | 0 | 0 | 40  | 09/12/2025 2:09 PM  | 0   | 1CANINE VOUCHER 72-2206-001    |
| 29638131 | 391 | 40  | 0.00   |  | 0 | 0 | 40  | 09/12/2025 2:09 PM  | 10  | 1Duramune Max 5 VACCINE ONLY   |
| 29638131 | 391 | 40  | 0.00   |  | 0 | 0 | 40  | 09/12/2025 2:09 PM  | 10  | 1BORDETELLA BRONCHISEPTICA     |
| 29638131 | 391 | 40  | 0.00   |  | 0 | 0 | 40  | 09/12/2025 2:09 PM  | 20  | * PUPPY ADOPTION FEE           |
| 29638800 | 350 | 20  | 20.00  |  | 0 | 0 | 0   | 09/12/2025 3:33 PM  | 10  | 1RABVAC1                       |
| 29638800 | 350 | 20  | 20.00  |  | 0 | 0 | 0   | 09/12/2025 3:33 PM  | 10  | 1RABVAC1                       |
| 29639129 | 350 | 35  | 35.00  |  | 0 | 0 | 0   | 09/12/2025 4:12 PM  | 0   | 1FELINE VOUCHER 72-2206-001    |
| 29639129 | 350 | 35  | 35.00  |  | 0 | 0 | 0   | 09/12/2025 4:12 PM  | 35  | * KITTEN ADOPTION FEE          |
| 29640742 | 350 | 40  | 40.00  |  | 0 | 0 | 0   | 09/13/2025 11:11 AM | 10  | 1Duramune Max 5 VACCINE ONLY   |
| 29640742 | 350 | 40  | 40.00  |  | 0 | 0 | 0   | 09/13/2025 11:11 AM | 10  | 1BORDETELLA BRONCHISEPTICA     |
| 29640742 | 350 | 40  | 40.00  |  | 0 | 0 | 0   | 09/13/2025 11:11 AM | 20  | * PUPPY ADOPTION FEE           |
| 29641044 | 391 | 40  | 0.00   |  | 0 | 0 | 40  | 09/13/2025 12:13 PM | 10  | *CANINE ADOPTION FEE           |
| 29641044 | 391 | 40  | 0.00   |  | 0 | 0 | 40  | 09/13/2025 12:13 PM | 10  | 1RABVAC1                       |
| 29641044 | 391 | 40  | 0.00   |  | 0 | 0 | 40  | 09/13/2025 12:13 PM | 10  | 1Duramune Max 5 VACCINE ONLY   |
| 29641044 | 391 | 40  | 0.00   |  | 0 | 0 | 40  | 09/13/2025 12:13 PM | 10  | 1BORDETELLA BRONCHISEPTICA     |
| 29641424 | 350 | 70  | 70.00  |  | 0 | 0 | 0   | 09/13/2025 1:12 PM  | 70  | * KITTEN ADOPTION FEE          |
| 29649857 | 529 | 40  | 0.00   |  | 0 | 0 | 40  | 09/16/2025 1:05 PM  | 10  | *CANINE ADOPTION FEE           |
| 29649857 | 529 | 40  | 0.00   |  | 0 | 0 | 40  | 09/16/2025 1:05 PM  | 10  | 1RABVAC1                       |
| 29649857 | 529 | 40  | 0.00   |  | 0 | 0 | 40  | 09/16/2025 1:05 PM  | 10  | 1Duramune Max 5 VACCINE ONLY   |
| 29649857 | 529 | 40  | 0.00   |  | 0 | 0 | 40  | 09/16/2025 1:05 PM  | 10  | 1BORDETELLA BRONCHISEPTICA     |

|          |     |     |        |  |   |   |     |                    |     |                                |
|----------|-----|-----|--------|--|---|---|-----|--------------------|-----|--------------------------------|
| 29681907 | 501 | 75  | 0.00   |  | 0 | 0 | 75  | 09/24/2025 9:34 PM | 75  | *RESCUE DOG TRANSFER FEES      |
| 29679586 | 503 | 560 | 0.00   |  | 0 | 0 | 560 | 09/25/2025 1:25 PM | 10  | 1RABVAC1                       |
| 29679586 | 503 | 560 | 0.00   |  | 0 | 0 | 560 | 09/25/2025 1:25 PM | 250 | BITE IVESTIGATION              |
| 29679586 | 503 | 560 | 0.00   |  | 0 | 0 | 560 | 09/25/2025 1:25 PM | 300 | DANGEROUS ANIMAL               |
| 29680217 | 503 | 40  | 0.00   |  | 0 | 0 | 40  | 09/25/2025 3:10 PM | 10  | *CANINE ADOPTION FEE           |
| 29680217 | 503 | 40  | 0.00   |  | 0 | 0 | 40  | 09/25/2025 3:10 PM | 0   | 1CANINE VOUCHER 72-2206-001    |
| 29680217 | 503 | 40  | 0.00   |  | 0 | 0 | 40  | 09/25/2025 3:10 PM | 10  | 1RABVAC1                       |
| 29680217 | 503 | 40  | 0.00   |  | 0 | 0 | 40  | 09/25/2025 3:10 PM | 10  | 1Duramune Max 5 VACCINE ONLY   |
| 29680217 | 503 | 40  | 0.00   |  | 0 | 0 | 40  | 09/25/2025 3:10 PM | 10  | 1BORDETELLA BRONCHISEPTICA     |
| 29680903 | 558 | 300 | 300.00 |  | 0 | 0 | 0   | 09/25/2025 4:42 PM | 50  | *DUTY TO CONTROL-1ST 762440005 |
| 29680903 | 558 | 300 | 300.00 |  | 0 | 0 | 0   | 09/25/2025 4:42 PM | 250 | *CRUELTY AND NEGLECT           |
| 29683971 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/26/2025 3:14 PM | 10  | *CANINE ADOPTION FEE           |
| 29683971 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/26/2025 3:14 PM | 0   | 1CANINE VOUCHER 72-2206-001    |
| 29683971 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/26/2025 3:14 PM | 10  | 1RABVAC1                       |
| 29683971 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/26/2025 3:14 PM | 10  | 1Duramune Max 5 VACCINE ONLY   |
| 29683971 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/26/2025 3:14 PM | 10  | 1BORDETELLA BRONCHISEPTICA     |
| 29695021 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/30/2025 1:01 PM | 10  | *CANINE ADOPTION FEE           |
| 29695021 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/30/2025 1:01 PM | 0   | 1CANINE VOUCHER 72-2206-001    |
| 29695021 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/30/2025 1:01 PM | 10  | 1RABVAC1                       |
| 29695021 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/30/2025 1:01 PM | 10  | 1Duramune Max 5 VACCINE ONLY   |
| 29695021 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/30/2025 1:01 PM | 10  | 1BORDETELLA BRONCHISEPTICA     |
| 29695102 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/30/2025 1:15 PM | 10  | *CANINE ADOPTION FEE           |
| 29695102 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/30/2025 1:15 PM | 0   | 1CANINE VOUCHER 72-2206-001    |
| 29695102 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/30/2025 1:15 PM | 10  | 1RABVAC1                       |
| 29695102 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/30/2025 1:15 PM | 10  | 1Duramune Max 5 VACCINE ONLY   |
| 29695102 | 80  | 40  | 40.00  |  | 0 | 0 | 0   | 09/30/2025 1:15 PM | 10  | 1BORDETELLA BRONCHISEPTICA     |
| 29695217 | 80  | 35  | 35.00  |  | 0 | 0 | 0   | 09/30/2025 1:33 PM | 10  | 1RABVAC1                       |
| 29695217 | 80  | 35  | 35.00  |  | 0 | 0 | 0   | 09/30/2025 1:33 PM | 10  | 1FELOCELL CVR-C                |
| 29695217 | 80  | 35  | 35.00  |  | 0 | 0 | 0   | 09/30/2025 1:33 PM | 15  | *FELINE ADOPTION FEE           |
| 29696529 | 124 | 35  | 0.00   |  | 0 | 0 | 35  | 09/30/2025 4:40 PM | 10  | 1RABVAC1                       |
| 29696529 | 124 | 35  | 0.00   |  | 0 | 0 | 35  | 09/30/2025 4:40 PM | 10  | 1FELOCELL CVR-C                |
| 29696529 | 124 | 35  | 0.00   |  | 0 | 0 | 35  | 09/30/2025 4:40 PM | 0   | 1FELINE VOUCHER 72-2206-001    |
| 29696529 | 124 | 35  | 0.00   |  | 0 | 0 | 35  | 09/30/2025 4:40 PM | 15  | *FELINE ADOPTION FEE           |



|          |     |    |       |   |   |    |                     |    |                              |
|----------|-----|----|-------|---|---|----|---------------------|----|------------------------------|
| 29672238 | 558 | 40 | 40.00 | 0 | 0 | 0  | 09/23/2025 12:05 PM | 10 | 1RABVAC1                     |
| 29672238 | 558 | 40 | 40.00 | 0 | 0 | 0  | 09/23/2025 12:05 PM | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29672238 | 558 | 40 | 40.00 | 0 | 0 | 0  | 09/23/2025 12:05 PM | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29672274 | 576 | 55 | 0.00  | 0 | 0 | 55 | 09/23/2025 12:12 PM | 10 | 1RABVAC1                     |
| 29672274 | 576 | 55 | 0.00  | 0 | 0 | 55 | 09/23/2025 12:12 PM | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29672274 | 576 | 55 | 0.00  | 0 | 0 | 55 | 09/23/2025 12:12 PM | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29672274 | 576 | 55 | 0.00  | 0 | 0 | 55 | 09/23/2025 12:12 PM | 25 | RECLAIM FEE                  |
| 29672566 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 1:00 PM  | 10 | *CANINE ADOPTION FEE         |
| 29672566 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 1:00 PM  | 0  | 1CANINE VOUCHER 72-2206-001  |
| 29672566 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 1:00 PM  | 10 | 1RABVAC1                     |
| 29672566 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 1:00 PM  | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29672566 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 1:00 PM  | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29673020 | 558 | 20 | 20.00 | 0 | 0 | 0  | 09/23/2025 2:14 PM  | 10 | 1RABVAC1                     |
| 29673020 | 558 | 20 | 20.00 | 0 | 0 | 0  | 09/23/2025 2:14 PM  | 10 | 1RABVAC1                     |
| 29673138 | 558 | 35 | 35.00 | 0 | 0 | 0  | 09/23/2025 2:30 PM  | 0  | 1FELINE VOUCHER 72-2206-001  |
| 29673138 | 558 | 35 | 35.00 | 0 | 0 | 0  | 09/23/2025 2:30 PM  | 35 | * KITTEN ADOPTION FEE        |
| 29673574 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 3:34 PM  | 10 | *CANINE ADOPTION FEE         |
| 29673574 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 3:34 PM  | 0  | 1CANINE VOUCHER 72-2206-001  |
| 29673574 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 3:34 PM  | 10 | 1RABVAC1                     |
| 29673574 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 3:34 PM  | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29673574 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 3:34 PM  | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29674114 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 4:47 PM  | 0  | 1CANINE VOUCHER 72-2206-001  |
| 29674114 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 4:47 PM  | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29674114 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 4:47 PM  | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29674114 | 576 | 40 | 0.00  | 0 | 0 | 40 | 09/23/2025 4:47 PM  | 20 | * PUPPY ADOPTION FEE         |
| 29681909 | 576 | 75 | 0.00  | 0 | 0 | 75 | 09/23/2025 9:39 PM  | 75 | *RESCUE DOG TRANSFER FEES    |
| 29676050 | 561 | 40 | 0.00  | 0 | 0 | 40 | 09/24/2025 12:54 PM | 10 | *CANINE ADOPTION FEE         |
| 29676050 | 561 | 40 | 0.00  | 0 | 0 | 40 | 09/24/2025 12:54 PM | 10 | 1RABVAC1                     |
| 29676050 | 561 | 40 | 0.00  | 0 | 0 | 40 | 09/24/2025 12:54 PM | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29676050 | 561 | 40 | 0.00  | 0 | 0 | 40 | 09/24/2025 12:54 PM | 10 | 1BORDETELLA BRONCHISEPTICA   |
| 29677173 | 561 | 40 | 0.00  | 0 | 0 | 40 | 09/24/2025 3:53 PM  | 10 | *CANINE ADOPTION FEE         |
| 29677173 | 561 | 40 | 0.00  | 0 | 0 | 40 | 09/24/2025 3:53 PM  | 10 | 1RABVAC1                     |
| 29677173 | 561 | 40 | 0.00  | 0 | 0 | 40 | 09/24/2025 3:53 PM  | 10 | 1Duramune Max 5 VACCINE ONLY |
| 29677173 | 561 | 40 | 0.00  | 0 | 0 | 40 | 09/24/2025 3:53 PM  | 10 | 1BORDETELLA BRONCHISEPTICA   |

DUPLIN COUNTY ANIMAL SERVICES

Oct-25

|                                                 |    |           |
|-------------------------------------------------|----|-----------|
| CANINE ADOPTION FEE                             | \$ | 130.00    |
| PUPPY ADOPTION FEE                              | \$ | 20.00     |
| RESCUE DOG TRANSFER FEES                        | \$ | 250.00    |
| FELINE ADOPTION FEE                             | \$ | 60.00     |
| KITTEN ADOPTION FEE                             | \$ | 245.00    |
| RESCUE CAT TRANSFER FEE                         |    |           |
| LONNIE'S ANGELS 72-22065                        | \$ | 85.00     |
| HORSE/GOAT FEE                                  |    |           |
| RODENT/PIG/RABBIT/GUINEA PIG                    |    |           |
| RABIES VACCINATION REQUIRED                     |    |           |
| DUTY TO CONTROL 3RD                             |    |           |
| DUTY TO CONTROL 1ST                             |    |           |
| NUISANCE ANIMAL PROHIBITE                       |    |           |
| DOG AT- LARGE PROHIBITED 1ST                    |    |           |
| DOG AT- LARGE PROHIBITED 3RD                    |    |           |
| RABIES VACCINATION REQUIRED                     |    |           |
| NUISANCE ANIMAL PROHIBITED 1ST                  |    |           |
| NUISANCE ANIMAL PROHIBITED 3RD                  |    |           |
| CRUELTY AND NEGLECT                             |    |           |
| CANINE VOUCHER                                  | \$ | 1,000.00  |
| FELINE VOUCHER                                  | \$ | 640.00    |
| LONNIE'S ANGELS VOCHER                          |    |           |
| RABIES CLINIC VACCINE                           | \$ | 45.00     |
| RABVAC                                          | \$ | 330.00    |
| BORDETELLA                                      | \$ | 160.00    |
| DURAMUNE MAX 5                                  | \$ | 160.00    |
| FELINE FELOCEL CVR-C                            | \$ | 40.00     |
| BITE INVESTIGATION                              |    |           |
| BOARDING FEE                                    | \$ | 135.00    |
| BUILDING FUND 71-3438-381                       |    |           |
| POTENTIALLY DANGEROUS ANNUAL                    |    |           |
| DANGEROUS ANNUAL                                |    |           |
| GENERAL DONATION                                |    |           |
| JUDGEMENTS 4380-34347                           |    |           |
| MISC ( spays paid for my Animal Advisory Board) | \$ | 16,760.00 |
| OWNER SURRENDER EUTHANASIA                      | \$ | 50.00     |
| OWNER SURRENDER FEE 10-3438-410                 | \$ | 80.00     |
| OWNER SURRENDER PER LITTER                      |    |           |
| OWNER SURRENDER TRANSPORT                       |    |           |
| RECLAIM FEE                                     | \$ | 75.00     |
| MICROCHIP                                       |    |           |
| BOARDING FEE FOR LIVESTOCK                      |    |           |
| RECLAIM LIVESTOCK FEE                           |    |           |
| VETERINARIAN SERVICES                           |    |           |
| VET FEES                                        |    |           |
| TOTAL AMOUNT                                    | \$ | 20,265.00 |



SIGNATURE



Revenue Report

Print Date Tuesday, November 11, 2025

Receipt Date From 10/1/2025 12:00:00 AM  
Receipt Date To 10/31/2025 11:59:00 PM  
Account Code All  
Cash Drawer All  
Refunds Include  
Item All  
Item Group All  
Site All  
Payment Type All

| Receipt#                      | Account | Receipt Date | Animal          | Person     | Payment         | Subtotal          | Discount     | Reason         | Tax    | Total Due       | Total    |
|-------------------------------|---------|--------------|-----------------|------------|-----------------|-------------------|--------------|----------------|--------|-----------------|----------|
| Paid Cash                     |         | Paid Check   |                 | Paid Debit |                 | Paid Credit Card  |              | Paid Gift Card |        | Paid Voucher    |          |
| Item                          | Code    | Cash Drawer  |                 |            | Type            | (# Units @ Price) | Staff Person | Reference      |        | Total Paid      |          |
| Item Number                   |         | IRN          |                 |            | UPC#            | Item Type         |              | Item Category  |        | Late Fee        |          |
| (# Units @ Cost)              |         | Markup %     | Tax Code 1 (\$) |            | Tax Code 2 (\$) |                   | Discount %   | Site           |        |                 |          |
| * KITTEN ADOPTION FEE         |         |              |                 |            |                 | Subtotal          | Discount     |                | Tax    | Total Due/Paid  | Total    |
| Group % of Total Sales: 1.21% |         |              |                 |            |                 | \$245.00          | \$0.00       |                | \$0.00 | \$0.00/\$245.00 | \$245.00 |
| <No Account Code>             |         |              |                 |            |                 | Total Items: 9    | \$245.00     | \$0.00         | \$0.00 | \$245.00        | \$245.00 |
| * PUPPY ADOPTION FEE          |         |              |                 |            |                 | Subtotal          | Discount     |                | Tax    | Total Due/Paid  | Total    |
| Group % of Total Sales: 0.10% |         |              |                 |            |                 | \$20.00           | \$0.00       |                | \$0.00 | \$0.00/\$20.00  | \$20.00  |
| <No Account Code>             |         |              |                 |            |                 | Total Items: 1    | \$20.00      | \$0.00         | \$0.00 | \$20.00         | \$20.00  |
| * CANINE ADOPTION FEE         |         |              |                 |            |                 | Subtotal          | Discount     |                | Tax    | Total Due/Paid  | Total    |
| Group % of Total Sales: 0.64% |         |              |                 |            |                 | \$130.00          | \$0.00       |                | \$0.00 | \$0.00/\$130.00 | \$130.00 |
| <No Account Code>             |         |              |                 |            |                 | Total Items: 13   | \$130.00     | \$0.00         | \$0.00 | \$130.00        | \$130.00 |
| * FELINE ADOPTION FEE         |         |              |                 |            |                 | Subtotal          | Discount     |                | Tax    | Total Due/Paid  | Total    |
| Group % of Total Sales: 0.30% |         |              |                 |            |                 | \$60.00           | \$0.00       |                | \$0.00 | \$0.00/\$60.00  | \$60.00  |
| <No Account Code>             |         |              |                 |            |                 | Total Items: 4    | \$60.00      | \$0.00         | \$0.00 | \$60.00         | \$60.00  |
| * LONNIE'S ANGELS 72-22065    |         |              |                 |            |                 | Subtotal          | Discount     |                | Tax    | Total Due/Paid  | Total    |
| Group % of Total Sales: 0.42% |         |              |                 |            |                 | \$85.00           | \$0.00       |                | \$0.00 | \$0.00/\$85.00  | \$85.00  |
| <No Account Code>             |         |              |                 |            |                 | Total Items: 3    | \$85.00      | \$0.00         | \$0.00 | \$85.00         | \$85.00  |
| * RESCUE DOG TRANSFER FEES    |         |              |                 |            |                 | Subtotal          | Discount     |                | Tax    | Total Due/Paid  | Total    |
| Group % of Total Sales: 1.23% |         |              |                 |            |                 | \$250.00          | \$0.00       |                | \$0.00 | \$0.00/\$250.00 | \$250.00 |
| 4380-34346                    |         |              |                 |            |                 | Total Items: 10   | \$250.00     | \$0.00         | \$0.00 | \$250.00        | \$250.00 |



| Receipt#                     | Account  | Receipt Date    | Animal | Person     | Payment         | Subtotal          | Discount     | Reason         | Tax    | Total Due          | Total       |
|------------------------------|----------|-----------------|--------|------------|-----------------|-------------------|--------------|----------------|--------|--------------------|-------------|
| Paid Cash                    |          | Paid Check      |        | Paid Debit |                 | Paid Credit Card  |              | Paid Gift Card |        | Paid Voucher       |             |
| Item                         | Code     | Cash Drawer     |        |            | Type            | (# Units @ Price) | Staff Person | Reference      |        | Total Paid         |             |
| Item Number                  |          | IRN             |        |            | UPC#            | Item Type         |              | Item Category  |        | Late Fee           |             |
| (# Units @ Cost)             | Markup % | Tax Code 1 (\$) |        |            | Tax Code 2 (\$) |                   | Discount %   | Site           |        |                    |             |
| 1BORDETELLA BRONCHISEPTICA   |          |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid   | Total       |
|                              |          |                 |        |            |                 | \$160.00          | \$0.00       |                | \$0.00 | \$0.00/\$160.00    | \$160.00    |
| <No Account Code>            |          |                 |        |            |                 | Total Items: 16   | \$160.00     | \$0.00         | \$0.00 | \$160.00           | \$160.00    |
| 1CANINE VOUCHER 72-2206-001  |          |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid   | Total       |
|                              |          |                 |        |            |                 | \$1,000.00        | \$0.00       |                | \$0.00 | \$0.00/\$1,000.00  | \$1,000.00  |
| <No Account Code>            |          |                 |        |            |                 | Total Items: 10   | \$1,000.00   | \$0.00         | \$0.00 | \$1,000.00         | \$1,000.00  |
| 1Duramune Max 5 VACCINE ONLY |          |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid   | Total       |
|                              |          |                 |        |            |                 | \$160.00          | \$0.00       |                | \$0.00 | \$0.00/\$160.00    | \$160.00    |
| <No Account Code>            |          |                 |        |            |                 | Total Items: 16   | \$160.00     | \$0.00         | \$0.00 | \$160.00           | \$160.00    |
| 1FELINE VOUCHER 72-2206-001  |          |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid   | Total       |
|                              |          |                 |        |            |                 | \$640.00          | \$0.00       |                | \$0.00 | \$0.00/\$640.00    | \$640.00    |
| 72-2206-001                  |          |                 |        |            |                 | Total Items: 12   | \$640.00     | \$0.00         | \$0.00 | \$640.00           | \$640.00    |
| 1FELOCELL CVR-C              |          |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid   | Total       |
|                              |          |                 |        |            |                 | \$40.00           | \$0.00       |                | \$0.00 | \$0.00/\$40.00     | \$40.00     |
| <No Account Code>            |          |                 |        |            |                 | Total Items: 4    | \$40.00      | \$0.00         | \$0.00 | \$40.00            | \$40.00     |
| 1RABVAC1                     |          |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid   | Total       |
|                              |          |                 |        |            |                 | \$330.00          | \$0.00       |                | \$0.00 | \$0.00/\$330.00    | \$330.00    |
| <No Account Code>            |          |                 |        |            |                 | Total Items: 33   | \$330.00     | \$0.00         | \$0.00 | \$330.00           | \$330.00    |
| BOARDING FEE                 |          |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid   | Total       |
|                              |          |                 |        |            |                 | \$135.00          | \$0.00       |                | \$0.00 | \$0.00/\$135.00    | \$135.00    |
| <No Account Code>            |          |                 |        |            |                 | Total Items: 9    | \$135.00     | \$0.00         | \$0.00 | \$135.00           | \$135.00    |
| MISC                         |          |                 |        |            |                 | SubTotal          | Discount     |                | Tax    | Total Due / Paid   | Total       |
|                              |          |                 |        |            |                 | \$16,760.00       | \$0.00       |                | \$0.00 | \$0.00/\$16,760.00 | \$16,760.00 |
| <No Account Code>            |          |                 |        |            |                 | Total Items: 3    | \$16,760.00  | \$0.00         | \$0.00 | \$16,760.00        | \$16,760.00 |

| Receipt#                   | Account  | Receipt Date    | Animal | Person     | Payment         | Subtotal          | Discount                                | Reason         | Tax      | Total Due        | Total   |
|----------------------------|----------|-----------------|--------|------------|-----------------|-------------------|-----------------------------------------|----------------|----------|------------------|---------|
| Paid Cash                  |          | Paid Check      |        | Paid Debit |                 | Paid Credit Card  |                                         | Paid Gift Card |          | Paid Voucher     |         |
| Item                       | Code     | Cash Drawer     |        |            | Type            | (# Units @ Price) | Staff Person                            | Reference      |          | Total Paid       |         |
| Item Number                |          | IRN             |        |            | UPC#            | Item Type         |                                         | Item Category  |          | Late Fee         |         |
| (# Units @ Cost)           | Markup % | Tax Code 1 (\$) |        |            | Tax Code 2 (\$) |                   | Discount %                              | Site           |          |                  |         |
| OWNER SURRENDER EUTHANASIA |          |                 |        |            |                 | SubTotal          | Discount                                |                | Tax      | Total Due / Paid | Total   |
|                            |          |                 |        |            |                 | \$50.00           | \$0.00                                  |                | \$0.00   | \$0.00/\$50.00   | \$50.00 |
| <No Account Code>          |          |                 |        |            |                 | Total Items: 1    | \$50.00                                 | \$0.00         | \$0.00   | \$50.00          | \$50.00 |
| OWNER SURRENDER FEE        |          |                 |        |            |                 | SubTotal          | Discount                                |                | Tax      | Total Due / Paid | Total   |
|                            |          |                 |        |            |                 | \$80.00           | \$0.00                                  |                | \$0.00   | \$0.00/\$80.00   | \$80.00 |
| <No Account Code>          |          |                 |        |            |                 | Total Items: 8    | \$80.00                                 | \$0.00         | \$0.00   | \$80.00          | \$80.00 |
| RABIES CLINIC VACCINE      |          |                 |        |            |                 | SubTotal          | Discount                                |                | Tax      | Total Due / Paid | Total   |
|                            |          |                 |        |            |                 | \$45.00           | \$0.00                                  |                | \$0.00   | \$0.00/\$45.00   | \$45.00 |
| <No Account Code>          |          |                 |        |            |                 | Total Items: 9    | \$45.00                                 | \$0.00         | \$0.00   | \$45.00          | \$45.00 |
| RECLAIM FEE                |          |                 |        |            |                 | SubTotal          | Discount                                |                | Tax      | Total Due / Paid | Total   |
|                            |          |                 |        |            |                 | \$75.00           | \$0.00                                  |                | \$0.00   | \$0.00/\$75.00   | \$75.00 |
| <No Account Code>          |          |                 |        |            |                 | Total Items: 3    | \$75.00                                 | \$0.00         | \$0.00   | \$75.00          | \$75.00 |
| Total Price                |          |                 |        |            |                 | \$20,265.00       | Total Units Sold                        |                | 64       |                  |         |
| Total Revenue              |          |                 |        |            |                 | \$20,265.00       | Total Cost                              |                | \$523.50 |                  |         |
| Total Discount             |          |                 |        |            |                 | \$0.00            | Markup % Total For All Items            |                | 149.132  |                  |         |
| Total Tax                  |          |                 |        |            |                 | \$0.00            | Markup % Total Only for Inventory Items |                | \$0.00   |                  |         |
| Grand Total                |          |                 |        |            |                 | \$20,265.00       | Total Cost % against Total Sales        |                | 2.579    |                  |         |



Daily Cash Report

Print Date Monday, November 3, 2025

Receipt Date From 10/1/2025 12:00:00 AM  
Receipt Date To 10/31/2025 11:59:00 PM  
Cash Drawer All  
Site All  
Staff All

| Item                                                                                                        | Animal#     | Unit Price  | Units  | Discount  | Reason | Tax           | SubTotal                 |
|-------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|-----------|--------|---------------|--------------------------|
| R# 29689086 10/1/2025 2:08:01 PM P0048384988 ANGELA RHODES by ELAINE RAMIREZ Total: 25 Pd: 25 Balance: 0    |             |             |        |           |        |               |                          |
| RECLAIM FEE                                                                                                 | A0059480288 | \$25.00     | 1      | \$0.00 0% |        | \$0.00        | \$25.00                  |
| Cash:                                                                                                       | \$0.00      | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$25.00 Total: \$25.00   |
|                                                                                                             |             |             |        |           |        | Visa          | Paid: \$25.00            |
| Gift paid:                                                                                                  | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                          |
| Voucher Paid:                                                                                               | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                          |
| Reference:                                                                                                  |             |             |        |           |        | Change:       | \$0.00                   |
|                                                                                                             |             |             |        |           |        | Balance:      | \$0.00                   |
| R# 29699399 10/1/2025 4:19:00 PM P0048386474 SHAKINAH BROWN by ELAINE RAMIREZ Total: 140 Pd: 140 Balance: 0 |             |             |        |           |        |               |                          |
| 1CANINE VOUCHER 72-2206-001                                                                                 | A0059388074 | \$100.00    | 1      | \$0.00 0% |        | \$0.00        | \$100.00                 |
| 1Duramune Max 5 VACCINE ONLY                                                                                | A0059388074 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| 1BORDETELLA BRONCHISEPT ICA                                                                                 | A0059388074 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| 1PUPPY ADOPTION FEE                                                                                         | A0059388074 | \$20.00     | 1      | \$0.00 0% |        | \$0.00        | \$20.00                  |
| Cash:                                                                                                       | \$0.00      | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$140.00 Total: \$140.00 |
|                                                                                                             |             |             |        |           |        | Visa          | Paid: \$140.00           |
| Gift paid:                                                                                                  | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                          |
| Voucher Paid:                                                                                               | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                          |
| Reference:                                                                                                  |             |             |        |           |        | Change:       | \$0.00                   |
|                                                                                                             |             |             |        |           |        | Balance:      | \$0.00                   |
| R# 29701987 10/2/2025 12:26:00 PM P0048426390 JOSEPH HUDSON by ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0   |             |             |        |           |        |               |                          |
| 1BORDETELLA BRONCHISEPT ICA                                                                                 | A0059270768 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| 1Duramune Max 5 VACCINE ONLY                                                                                | A0059270768 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| 1RABVAC1                                                                                                    | A0059270768 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| 1CANINE ADOPTION FEE                                                                                        | A0059270768 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| Cash:                                                                                                       | \$40.00     | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$0.00 Total: \$40.00    |

| Item                                                                                                        | Animal#     | Unit Price  | Units  | Discount  | Reason | Tax           | SubTotal                 |
|-------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|-----------|--------|---------------|--------------------------|
|                                                                                                             |             |             |        |           |        |               | Paid: \$40.00            |
| Gift paid:                                                                                                  | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                          |
| Voucher Paid:                                                                                               | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                          |
| Reference:                                                                                                  |             |             |        |           |        | Change:       | \$0.00                   |
|                                                                                                             |             |             |        |           |        | Balance:      | \$0.00                   |
| R# 29702992 10/2/2025 3:05:00 PM P0048426993 LAURA JATA by ELAINE RAMIREZ Total: 10 Pd: 10 Balance: 0       |             |             |        |           |        |               |                          |
| OWNER SURRENDER FEE                                                                                         | A0059530481 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| Cash:                                                                                                       | \$10.00     | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$0.00 Total: \$10.00    |
|                                                                                                             |             |             |        |           |        |               | Paid: \$10.00            |
| Gift paid:                                                                                                  | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                          |
| Voucher Paid:                                                                                               | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                          |
| Reference:                                                                                                  |             |             |        |           |        | Change:       | \$0.00                   |
|                                                                                                             |             |             |        |           |        | Balance:      | \$0.00                   |
| R# 29703371 10/2/2025 3:57:00 PM P0048386474 SHAKINAH BROWN by ELAINE RAMIREZ Total: 140 Pd: 140 Balance: 0 |             |             |        |           |        |               |                          |
| 1CANINE ADOPTION FEE                                                                                        | A0059388042 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| 1RABVAC1                                                                                                    | A0059388042 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| 1Duramune Max 5 VACCINE ONLY                                                                                | A0059388042 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| 1BORDETELLA BRONCHISEPT ICA                                                                                 | A0059388042 | \$10.00     | 1      | \$0.00 0% |        | \$0.00        | \$10.00                  |
| 1CANINE VOUCHER 72-2206-001                                                                                 | A0059388042 | \$100.00    | 1      | \$0.00 0% |        | \$0.00        | \$100.00                 |
| Cash:                                                                                                       | \$0.00      | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$140.00 Total: \$140.00 |
|                                                                                                             |             |             |        |           |        | Visa          | Paid: \$140.00           |
| Gift paid:                                                                                                  | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                          |
| Voucher Paid:                                                                                               | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                          |
| Reference:                                                                                                  |             |             |        |           |        | Change:       | \$0.00                   |
|                                                                                                             |             |             |        |           |        | Balance:      | \$0.00                   |
| R# 29704744 10/2/2025 8:36:00 PM P0000000001 No Person by SAMANTHA LANE Total: 50 Pd: 50 Balance: 0         |             |             |        |           |        |               |                          |
| *RESCUE DOG TRANSFER FEES                                                                                   | A0000000001 | \$25.00     | 2      | \$0.00 0% |        | \$0.00        | \$50.00                  |
| Cash:                                                                                                       | \$0.00      | Cheque:     | \$0.00 | Debit:    | \$0.00 | Credit Card:  | \$50.00 Total: \$50.00   |
|                                                                                                             |             |             |        |           |        | Visa          | Paid: \$50.00            |
| Gift paid:                                                                                                  | \$0.00      | Gift Card#: |        |           |        | Gift Type:    |                          |
| Voucher Paid:                                                                                               | \$0.00      | Voucher#:   |        |           |        | Voucher Type: |                          |
| Reference:                                                                                                  |             |             |        |           |        | Change:       | \$0.00                   |
|                                                                                                             |             |             |        |           |        | Balance:      | \$0.00                   |



| Item                                                                                                                  | Animal#     | Unit Price | Units       | Discount | Reason | Tax           | SubTotal |
|-----------------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|----------|--------|---------------|----------|
| RF: 29705436 10/3/2026 11:49:00 AM P0048420335 LAURA KERRIGAN by ELAINE RAMIREZ Total: 140 Pd: 140 Balance: 0         |             |            |             |          |        |               |          |
| 1 CANINE VOUCHER 72: 2205-001                                                                                         | A0000000001 | \$100.00   | 1           | \$0.00   | 0%     | \$0.00        | \$100.00 |
| 1 CANINE ADOPTION FEE                                                                                                 | A0059286530 | \$10.00    | 1           | \$0.00   | 0%     | \$0.00        | \$10.00  |
| 1 RABVAC1                                                                                                             | A0059286530 | \$10.00    | 1           | \$0.00   | 0%     | \$0.00        | \$10.00  |
| 1 Duramune Max 5 VACCINE ONLY                                                                                         | A0059286530 | \$10.00    | 1           | \$0.00   | 0%     | \$0.00        | \$10.00  |
| 1 BORDETTELLA BRONCHISEPT ICA                                                                                         | A0059286530 | \$10.00    | 1           | \$0.00   | 0%     | \$0.00        | \$10.00  |
| Cash:                                                                                                                 |             | \$0.00     | Cheque:     |          | \$0.00 | Debit:        | \$0.00   |
|                                                                                                                       |             |            |             |          |        | Credit Card:  | \$140.00 |
|                                                                                                                       |             |            |             |          |        | Visa          |          |
| Gift paid:                                                                                                            |             | \$0.00     | Gift Card#: |          |        | Gift Type:    |          |
| Voucher Paid:                                                                                                         |             | \$0.00     | Voucher#:   |          |        | Voucher Type: |          |
| Reference:                                                                                                            |             |            |             |          |        |               |          |
|                                                                                                                       |             |            |             |          |        | Change:       | \$0.00   |
|                                                                                                                       |             |            |             |          |        | Balance:      | \$0.00   |
| RF: 29705358 10/3/2025 2:16:00 PM P0048432044 IRO GOMEZ DE LEON by ELAINE RAMIREZ Total: 30 Pd: 30 Balance: 0         |             |            |             |          |        |               |          |
| OWNER SURRENDER FEE                                                                                                   | A0000000001 | \$10.00    | 3           | \$0.00   | 0%     | \$0.00        | \$30.00  |
| Cash:                                                                                                                 |             | \$30.00    | Cheque:     |          | \$0.00 | Debit:        | \$0.00   |
|                                                                                                                       |             |            |             |          |        | Credit Card:  | \$0.00   |
|                                                                                                                       |             |            |             |          |        | Total:        | \$30.00  |
|                                                                                                                       |             |            |             |          |        | Paid:         | \$30.00  |
| Gift paid:                                                                                                            |             | \$0.00     | Gift Card#: |          |        | Gift Type:    |          |
| Voucher Paid:                                                                                                         |             | \$0.00     | Voucher#:   |          |        | Voucher Type: |          |
| Reference:                                                                                                            |             |            |             |          |        |               |          |
|                                                                                                                       |             |            |             |          |        | Change:       | \$0.00   |
|                                                                                                                       |             |            |             |          |        | Balance:      | \$0.00   |
| RF: 29718373 10/7/2025 12:51:00 PM P0048450445 MARSHAL PRIVETTE-DUNSTON by ELAINE RAMIREZ Total: 35 Pd: 35 Balance: 0 |             |            |             |          |        |               |          |
| 1 RABVAC1                                                                                                             | A0059323742 | \$10.00    | 1           | \$0.00   | 0%     | \$0.00        | \$10.00  |
| 1 FELOCELL CVR-C                                                                                                      | A0059323742 | \$10.00    | 1           | \$0.00   | 0%     | \$0.00        | \$10.00  |
| 1 FELINE ADOPTION FEE                                                                                                 | A0059323742 | \$15.00    | 1           | \$0.00   | 0%     | \$0.00        | \$15.00  |
| Cash:                                                                                                                 |             | \$0.00     | Cheque:     |          | \$0.00 | Debit:        | \$0.00   |
|                                                                                                                       |             |            |             |          |        | Credit Card:  | \$35.00  |
|                                                                                                                       |             |            |             |          |        | Visa          |          |
| Gift paid:                                                                                                            |             | \$0.00     | Gift Card#: |          |        | Gift Type:    |          |
| Voucher Paid:                                                                                                         |             | \$0.00     | Voucher#:   |          |        | Voucher Type: |          |
| Reference:                                                                                                            |             |            |             |          |        |               |          |
|                                                                                                                       |             |            |             |          |        | Change:       | \$0.00   |
|                                                                                                                       |             |            |             |          |        | Balance:      | \$0.00   |
| RF: 29719987 10/7/2025 3:59:00 PM P0033346555 JOSE HERRERA LOPEZ by ELAINE RAMIREZ Total: 20 Pd: 20 Balance: 0        |             |            |             |          |        |               |          |
| 1 RABVAC1                                                                                                             | A0051351434 | \$10.00    | 1           | \$0.00   | 0%     | \$0.00        | \$10.00  |

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| Item                         | Animal#               | Unit Price  | Units       | Discount                                      | Reason        | Tax          | SubTotal    |
|------------------------------|-----------------------|-------------|-------------|-----------------------------------------------|---------------|--------------|-------------|
| 1RABVAC1                     | A0051351432           | \$10.00     | 1           | \$0.00                                        | 0%            | \$0.00       | \$10.00     |
| Cash:                        | \$20.00               | Cheque:     | \$0.00      | Debit:                                        | \$0.00        | Credit Card: | \$0.00      |
|                              |                       |             |             |                                               |               | Total:       | \$20.00     |
|                              |                       |             |             |                                               |               | Paid:        | \$20.00     |
| Gift paid:                   | \$0.00                | Gift Card#: |             |                                               | Gift Type:    |              |             |
| Voucher Paid:                | \$0.00                | Voucher#:   |             |                                               | Voucher Type: |              |             |
| Reference:                   |                       |             |             |                                               |               | Change:      | \$0.00      |
|                              |                       |             |             |                                               |               | Balance:     | \$0.00      |
| RF: 29721503                 | 10/8/2025 11:08:00 AM |             | P0048454156 | PAWS FOR THE CAUSE OF DUPLIN by SAMANTHA LANE | Total: 16720  | Pd: 16720    | Balance: 0  |
| MISC                         | A0000000001           | \$16,720.00 | 1           | \$0.00                                        | 0%            | \$0.00       | \$16,720.00 |
| Cash:                        | \$0.00                | Cheque:     | \$16,720.00 | Debit:                                        | \$0.00        | Credit Card: | \$0.00      |
|                              |                       |             |             |                                               |               | Total:       | \$16,720.00 |
|                              |                       |             |             |                                               |               | Paid:        | \$16,720.00 |
| Gift paid:                   | \$0.00                | Gift Card#: |             |                                               | Gift Type:    |              |             |
| Voucher Paid:                | \$0.00                | Voucher#:   |             |                                               | Voucher Type: |              |             |
| Reference:                   |                       |             |             |                                               |               | Change:      | \$0.00      |
|                              |                       |             |             |                                               |               | Balance:     | \$0.00      |
| RF: 29724469                 | 10/9/2025 9:20:00 AM  |             | P0048453614 | BRYANNA ARREDONDO by ELAINE RAMIREZ           | Total: 50     | Pd: 50       | Balance: 0  |
| OWNER SURRENDER EUTHANASIA   | A0059560149           | \$50.00     | 1           | \$0.00                                        | 0%            | \$0.00       | \$50.00     |
| Cash:                        | \$50.00               | Cheque:     | \$0.00      | Debit:                                        | \$0.00        | Credit Card: | \$0.00      |
|                              |                       |             |             |                                               |               | Total:       | \$50.00     |
|                              |                       |             |             |                                               |               | Paid:        | \$50.00     |
| Gift paid:                   | \$0.00                | Gift Card#: |             |                                               | Gift Type:    |              |             |
| Voucher Paid:                | \$0.00                | Voucher#:   |             |                                               | Voucher Type: |              |             |
| Reference:                   |                       |             |             |                                               |               | Change:      | \$0.00      |
|                              |                       |             |             |                                               |               | Balance:     | \$0.00      |
| RF: 29726896                 | 10/9/2025 4:43:00 PM  |             | P0048463966 | BIANCA JIMENEZ by ELAINE RAMIREZ              | Total: 70     | Pd: 70       | Balance: 0  |
| RECLAIM FEE                  | A0059550719           | \$25.00     | 1           | \$0.00                                        | 0%            | \$0.00       | \$25.00     |
| 1RABVAC1                     | A0059550719           | \$10.00     | 1           | \$0.00                                        | 0%            | \$0.00       | \$10.00     |
| 1BORDETTELLA BRONCHISEPT ICA | A0059550719           | \$10.00     | 1           | \$0.00                                        | 0%            | \$0.00       | \$10.00     |
| 1Duramune Max 5 VACCINE ONLY | A0059550719           | \$10.00     | 1           | \$0.00                                        | 0%            | \$0.00       | \$10.00     |
| BOARDING FEE                 | A0059550719           | \$15.00     | 1           | \$0.00                                        | 0%            | \$0.00       | \$15.00     |
| Cash:                        | \$70.00               | Cheque:     | \$0.00      | Debit:                                        | \$0.00        | Credit Card: | \$0.00      |
|                              |                       |             |             |                                               |               | Total:       | \$70.00     |
|                              |                       |             |             |                                               |               | Paid:        | \$70.00     |
| Gift paid:                   | \$0.00                | Gift Card#: |             |                                               | Gift Type:    |              |             |
| Voucher Paid:                | \$0.00                | Voucher#:   |             |                                               | Voucher Type: |              |             |
| Reference:                   |                       |             |             |                                               |               | Change:      | \$0.00      |
|                              |                       |             |             |                                               |               | Balance:     | \$0.00      |



| Item                                                                                                    | Animal#     | Unit Price  | Units  | Discount      | Reason | Tax          | SubTotal       |
|---------------------------------------------------------------------------------------------------------|-------------|-------------|--------|---------------|--------|--------------|----------------|
| R# 297327155 10/9/2025 5:23:00 PM P0048464297 SARAH LEE by: SAMANTHA LANE Total: 115 Pd: 115 Balance: 0 |             |             |        |               |        |              |                |
| 1FELINE VOUCHER 72-2206-001                                                                             | A0059469091 | \$0.00      | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| * KITTEN ADOPTION FEE                                                                                   | A0059469091 | \$0.00      | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| 1FELINE VOUCHER 72-2206-001                                                                             | A0059304823 | \$80.00     | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| * KITTEN ADOPTION FEE                                                                                   | A0059304823 | \$35.00     | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| Cash:                                                                                                   | \$0.00      | Cheque:     | \$0.00 | Debit:        | \$0.00 | Credit Card: | \$115.00       |
|                                                                                                         |             |             |        |               |        | Total:       | \$115.00       |
|                                                                                                         |             |             |        |               |        | Visa         | Paid: \$115.00 |
| Gift paid:                                                                                              | \$0.00      | Gift Card#: |        | Gift Type:    |        |              |                |
| Voucher Paid:                                                                                           | \$0.00      | Voucher#:   |        | Voucher Type: |        |              |                |
| Reference:                                                                                              |             |             |        |               |        | Change:      | \$0.00         |
|                                                                                                         |             |             |        |               |        | Balance:     | \$0.00         |

|                                                                                                           |             |             |        |               |        |              |                |
|-----------------------------------------------------------------------------------------------------------|-------------|-------------|--------|---------------|--------|--------------|----------------|
| R# 29733468 10/11/2025 2:44:00 PM P0048473801 AYDEN QUINN by: SAMANTHA LANE Total: 140 Pd: 140 Balance: 0 |             |             |        |               |        |              |                |
| 1BORDETELLA BRONCHISEPT ICA                                                                               | A0000000001 | \$10.00     | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| 1Duramune Max 5 VACCINE ONLY                                                                              | A0000000001 | \$10.00     | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| 1RABVAC1                                                                                                  | A0000000001 | \$10.00     | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| *CANINE ADOPTION FEE                                                                                      | A0000000001 | \$10.00     | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| 1CANINE VOUCHER 72-2206-001                                                                               | A0059415906 | \$100.00    | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| Cash:                                                                                                     | \$0.00      | Cheque:     | \$0.00 | Debit:        | \$0.00 | Credit Card: | \$140.00       |
|                                                                                                           |             |             |        |               |        | Total:       | \$140.00       |
|                                                                                                           |             |             |        |               |        | Visa         | Paid: \$140.00 |
| Gift paid:                                                                                                | \$0.00      | Gift Card#: |        | Gift Type:    |        |              |                |
| Voucher Paid:                                                                                             | \$0.00      | Voucher#:   |        | Voucher Type: |        |              |                |
| Reference:                                                                                                |             |             |        |               |        | Change:      | \$0.00         |
|                                                                                                           |             |             |        |               |        | Balance:     | \$0.00         |

|                                                                                                              |             |             |        |               |        |              |                |
|--------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|---------------|--------|--------------|----------------|
| R# 29741001 10/14/2025 2:09:00 PM P0048486234 GAVIN STEINER by: ELAINE RAMIREZ Total: 140 Pd: 140 Balance: 0 |             |             |        |               |        |              |                |
| 1RABVAC1                                                                                                     | A0059469360 | \$10.00     | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| *CANINE ADOPTION FEE                                                                                         | A0059469360 | \$10.00     | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| 1Duramune Max 5 VACCINE ONLY                                                                                 | A0059469360 | \$10.00     | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| 1CANINE VOUCHER 72-2206-001                                                                                  | A0059469360 | \$100.00    | 1      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| Cash:                                                                                                        | \$0.00      | Cheque:     | \$0.00 | Debit:        | \$0.00 | Credit Card: | \$140.00       |
|                                                                                                              |             |             |        |               |        | Total:       | \$140.00       |
|                                                                                                              |             |             |        |               |        | Visa         | Paid: \$140.00 |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |        | Gift Type:    |        |              |                |
| Voucher Paid:                                                                                                | \$0.00      | Voucher#:   |        | Voucher Type: |        |              |                |
| Reference:                                                                                                   |             |             |        |               |        | Change:      | \$0.00         |
|                                                                                                              |             |             |        |               |        | Balance:     | \$0.00         |

| Item                                                                              | Animal# | Unit Price  | Units  | Discount      | Reason | Tax          | SubTotal       |
|-----------------------------------------------------------------------------------|---------|-------------|--------|---------------|--------|--------------|----------------|
| 1BORDETELLA BRONCHISEPT ICA A0059469360 \$10.00 1 \$0.00 0% \$0.00 0.000% \$10.00 |         |             |        |               |        |              |                |
| Cash:                                                                             | \$0.00  | Cheque:     | \$0.00 | Debit:        | \$0.00 | Credit Card: | \$140.00       |
|                                                                                   |         |             |        |               |        | Total:       | \$140.00       |
|                                                                                   |         |             |        |               |        | MasterCard   | Paid: \$140.00 |
| Gift paid:                                                                        | \$0.00  | Gift Card#: |        | Gift Type:    |        |              |                |
| Voucher Paid:                                                                     | \$0.00  | Voucher#:   |        | Voucher Type: |        |              |                |
| Reference:                                                                        |         |             |        |               |        | Change:      | \$0.00         |
|                                                                                   |         |             |        |               |        | Balance:     | \$0.00         |

|                                                                                                               |             |             |        |               |        |              |               |
|---------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|---------------|--------|--------------|---------------|
| R# 29744729 10/15/2025 1:26:00 PM P0048491513 LILUE LIVINGSTON by: ELAINE RAMIREZ Total: 20 Pd: 20 Balance: 0 |             |             |        |               |        |              |               |
| OWNER SURRENDER FEE                                                                                           | A0000000001 | \$10.00     | 2      | \$0.00        | 0%     | \$0.00       | 0.000%        |
| Cash:                                                                                                         | \$0.00      | Cheque:     | \$0.00 | Debit:        | \$0.00 | Credit Card: | \$20.00       |
|                                                                                                               |             |             |        |               |        | Total:       | \$20.00       |
|                                                                                                               |             |             |        |               |        | Visa         | Paid: \$20.00 |
| Gift paid:                                                                                                    | \$0.00      | Gift Card#: |        | Gift Type:    |        |              |               |
| Voucher Paid:                                                                                                 | \$0.00      | Voucher#:   |        | Voucher Type: |        |              |               |
| Reference:                                                                                                    |             |             |        |               |        | Change:      | \$0.00        |
|                                                                                                               |             |             |        |               |        | Balance:     | \$0.00        |

|                                                                                                               |             |             |        |               |        |              |         |
|---------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|---------------|--------|--------------|---------|
| R# 29744884 10/15/2025 1:51:00 PM P0048491513 LILUE LIVINGSTON by: ELAINE RAMIREZ Total: 50 Pd: 50 Balance: 0 |             |             |        |               |        |              |         |
| *LONNIES ANGELS 72-22065                                                                                      | A0000000001 | \$50.00     | 1      | \$0.00        | 0%     | \$0.00       | 0.000%  |
| Cash:                                                                                                         | \$50.00     | Cheque:     | \$0.00 | Debit:        | \$0.00 | Credit Card: | \$0.00  |
|                                                                                                               |             |             |        |               |        | Total:       | \$50.00 |
|                                                                                                               |             |             |        |               |        | Paid:        | \$50.00 |
| Gift paid:                                                                                                    | \$0.00      | Gift Card#: |        | Gift Type:    |        |              |         |
| Voucher Paid:                                                                                                 | \$0.00      | Voucher#:   |        | Voucher Type: |        |              |         |
| Reference:                                                                                                    |             |             |        |               |        | Change:      | \$0.00  |
|                                                                                                               |             |             |        |               |        | Balance:     | \$0.00  |

|                                                                                                         |             |             |        |               |        |              |                |
|---------------------------------------------------------------------------------------------------------|-------------|-------------|--------|---------------|--------|--------------|----------------|
| R# 29746127 10/10/2025 4:33:00 PM P0000000001 No Person by: SAMANTHA LANE Total: 200 Pd: 200 Balance: 0 |             |             |        |               |        |              |                |
| *RESCUE DOG TRANSFER FEES                                                                               | A0000000001 | \$25.00     | 8      | \$0.00        | 0%     | \$0.00       | 0.000%         |
| Cash:                                                                                                   | \$0.00      | Cheque:     | \$0.00 | Debit:        | \$0.00 | Credit Card: | \$200.00       |
|                                                                                                         |             |             |        |               |        | Total:       | \$200.00       |
|                                                                                                         |             |             |        |               |        | Visa         | Paid: \$200.00 |
| Gift paid:                                                                                              | \$0.00      | Gift Card#: |        | Gift Type:    |        |              |                |
| Voucher Paid:                                                                                           | \$0.00      | Voucher#:   |        | Voucher Type: |        |              |                |
| Reference:                                                                                              |             |             |        |               |        | Change:      | \$0.00         |
|                                                                                                         |             |             |        |               |        | Balance:     | \$0.00         |

|                                                                                                             |             |         |        |        |        |              |         |
|-------------------------------------------------------------------------------------------------------------|-------------|---------|--------|--------|--------|--------------|---------|
| R# 29752941 10/17/2025 1:57:00 PM P0016803933 BRANDON GARCIA by: ELAINE RAMIREZ Total: 20 Pd: 20 Balance: 0 |             |         |        |        |        |              |         |
| 1RABVAC1                                                                                                    | A0059623849 | \$10.00 | 1      | \$0.00 | 0%     | \$0.00       | 0.000%  |
| 1RABVAC1                                                                                                    | A0059623816 | \$10.00 | 1      | \$0.00 | 0%     | \$0.00       | 0.000%  |
| Cash:                                                                                                       | \$0.00      | Cheque: | \$0.00 | Debit: | \$0.00 | Credit Card: | \$20.00 |
|                                                                                                             |             |         |        |        |        | Total:       | \$20.00 |



| Item                         | Animal#                | Unit Price  | Units                               | Discount   | Reason        | Tax          | SubTotal        |
|------------------------------|------------------------|-------------|-------------------------------------|------------|---------------|--------------|-----------------|
| Visa                         |                        |             |                                     |            |               |              | Paid: \$20.00   |
| Gift paid:                   | \$0.00                 | Gift Card#: |                                     |            | Gift Type:    |              |                 |
| Voucher Paid:                | \$0.00                 | Voucher#:   |                                     |            | Voucher Type: |              |                 |
| Reference:                   |                        |             |                                     |            |               |              | Change: \$0.00  |
|                              |                        |             |                                     |            |               |              | Balance: \$0.00 |
| R# 29753138                  | 10/17/2025 2:21:00 PM  | P0048497085 | CHAMPAGNE ROBBINS by ELAINE RAMIREZ | Total: 20  | Pd: 20        | Balance: 0   |                 |
| 1FELINE VOUCHER 72-2206-001  | A0059624151            | \$0.00      | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |
| 1RABVAC1                     | A0059624151            | \$10.00     | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |
| 1FELINE VOUCHER 72-2206-001  | A0059624148            | \$0.00      | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |
| 1RABVAC1                     | A0059624148            | \$10.00     | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |
| Cash:                        | \$20.00                | Cheque:     | \$0.00                              | Debit:     | \$0.00        | Credit Card: | \$0.00          |
|                              |                        |             |                                     |            |               |              | Total: \$20.00  |
|                              |                        |             |                                     |            |               |              | Paid: \$20.00   |
| Gift paid:                   | \$0.00                 | Gift Card#: |                                     |            | Gift Type:    |              |                 |
| Voucher Paid:                | \$0.00                 | Voucher#:   |                                     |            | Voucher Type: |              |                 |
| Reference:                   |                        |             |                                     |            |               |              | Change: \$0.00  |
|                              |                        |             |                                     |            |               |              | Balance: \$0.00 |
| R# 29755648                  | 10/18/2025 10:40:00 AM | P0048506485 | AMIE ADAMS by ELAINE RAMIREZ        | Total: 140 | Pd: 140       | Balance: 0   |                 |
| 1CANINE VOUCHER 72-2206-001  | A0059456583            | \$100.00    | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |
| 1BORDETELLA BRONCHISEPT ICA  | A0059456583            | \$10.00     | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |
| 1Duramune Max 5 VACCINE ONLY | A0059456583            | \$10.00     | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |
| 1RABVAC1                     | A0059456583            | \$10.00     | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |
| *CANINE ADOPTION FEE         | A0059456583            | \$10.00     | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |
| Cash:                        | \$0.00                 | Cheque:     | \$0.00                              | Debit:     | \$0.00        | Credit Card: | \$140.00        |
|                              |                        |             |                                     |            |               |              | Total: \$140.00 |
|                              |                        |             |                                     |            |               |              | Paid: \$140.00  |
| Gift paid:                   | \$0.00                 | Gift Card#: |                                     |            | Gift Type:    |              |                 |
| Voucher Paid:                | \$0.00                 | Voucher#:   |                                     |            | Voucher Type: |              |                 |
| Reference:                   |                        |             |                                     |            |               |              | Change: \$0.00  |
|                              |                        |             |                                     |            |               |              | Balance: \$0.00 |
| R# 29755921                  | 10/18/2025 11:44:00 AM | P0048508908 | ALYSON HOMMEL by SAMANTHA LANE      | Total: 40  | Pd: 40        | Balance: 0   |                 |
| 1BORDETELLA BRONCHISEPT ICA  | A0000000001            | \$10.00     | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |
| 1Duramune Max 5 VACCINE ONLY | A0000000001            | \$10.00     | 1                                   | \$0.00     | 0%            | \$0.00       | 0.000%          |

| Item                         | Animal#                | Unit Price  | Units                             | Discount | Reason        | Tax        | SubTotal     |            |          |          |
|------------------------------|------------------------|-------------|-----------------------------------|----------|---------------|------------|--------------|------------|----------|----------|
| 1RABVAC1                     | A0000000001            | \$10.00     |                                   | \$0.00   | 0%            | \$0.00     | 0.000%       |            |          |          |
| *CANINE ADOPTION FEE         | A0000000001            | \$10.00     | 1                                 | \$0.00   | 0%            | \$0.00     | 0.000%       |            |          |          |
| Cash:                        |                        | \$0.00      | Cheque:                           | \$0.00   | Debit:        | \$0.00     | Credit Card: | \$40.00    | Total:   | \$40.00  |
|                              |                        |             |                                   |          |               |            | Visa         |            | Paid:    | \$40.00  |
| Gift paid:                   |                        | \$0.00      | Gift Card#:                       |          | Gift Type:    |            |              |            |          |          |
| Voucher Paid:                |                        | \$0.00      | Voucher#:                         |          | Voucher Type: |            |              |            |          |          |
| Reference:                   |                        |             |                                   |          |               |            |              |            | Change:  | \$0.00   |
|                              |                        |             |                                   |          |               |            |              |            | Balance: | \$0.00   |
| R# 29755934                  | 10/18/2025 11:46:00 AM | P0048506485 | AMIE ADAMS by ELAINE RAMIREZ      |          |               | Total: 140 | Pd: 140      | Balance: 0 |          |          |
| *CANINE ADOPTION FEE         | A0059456583            | \$10.00     | 1                                 | \$0.00   | 0%            | \$0.00     | 0.000%       | \$10.00    |          |          |
| 1RABVAC1                     | A0059456583            | \$10.00     | 1                                 | \$0.00   | 0%            | \$0.00     | 0.000%       | \$10.00    |          |          |
| 1Duramune Max 5 VACCINE ONLY | A0059456583            | \$10.00     | 1                                 | \$0.00   | 0%            | \$0.00     | 0.000%       | \$10.00    |          |          |
| 1BORDETELLA BRONCHISEPT ICA  | A0059456583            | \$10.00     | 1                                 | \$0.00   | 0%            | \$0.00     | 0.000%       | \$10.00    |          |          |
| 1CANINE VOUCHER 72-2206-001  | A0059456583            | \$100.00    | 1                                 | \$0.00   | 0%            | \$0.00     | 0.000%       | \$100.00   |          |          |
| Cash:                        |                        | \$0.00      | Cheque:                           | \$0.00   | Debit:        | \$0.00     | Credit Card: | \$140.00   | Total:   | \$140.00 |
|                              |                        |             |                                   |          |               |            | MasterCard   |            | Paid:    | \$140.00 |
| Gift paid:                   |                        | \$0.00      | Gift Card#:                       |          | Gift Type:    |            |              |            |          |          |
| Voucher Paid:                |                        | \$0.00      | Voucher#:                         |          | Voucher Type: |            |              |            |          |          |
| Reference:                   |                        |             |                                   |          |               |            |              |            | Change:  | \$0.00   |
|                              |                        |             |                                   |          |               |            |              |            | Balance: | \$0.00   |
| R# 29756426                  | 10/18/2025 11:04:00 PM | P0018882495 | ROBERTO TREVINO by ELAINE RAMIREZ |          |               | Total: 20  | Pd: 20       | Balance: 0 |          |          |
| 1RABVAC1                     | A0059629031            | \$10.00     | 1                                 | \$0.00   | 0%            | \$0.00     | 0.000%       | \$10.00    |          |          |
| 1RABVAC1                     | A0059629016            | \$10.00     | 1                                 | \$0.00   | 0%            | \$0.00     | 0.000%       | \$10.00    |          |          |
| Cash:                        |                        | \$0.00      | Cheque:                           | \$0.00   | Debit:        | \$0.00     | Credit Card: | \$20.00    | Total:   | \$20.00  |
|                              |                        |             |                                   |          |               |            | MasterCard   |            | Paid:    | \$20.00  |
| Gift paid:                   |                        | \$0.00      | Gift Card#:                       |          | Gift Type:    |            |              |            |          |          |
| Voucher Paid:                |                        | \$0.00      | Voucher#:                         |          | Voucher Type: |            |              |            |          |          |
| Reference:                   |                        |             |                                   |          |               |            |              |            | Change:  | \$0.00   |
|                              |                        |             |                                   |          |               |            |              |            | Balance: | \$0.00   |
| R# 29756289                  | 10/18/2025 12:24:00 PM | P0000000001 | No Person by SAMANTHA LANE        |          |               | Total: 25  | Pd: 25       | Balance: 0 |          |          |
| 1RABVAC1                     | A0000000001            | \$10.00     | 1                                 | \$0.00   | 0%            | \$0.00     | 0.000%       | \$10.00    |          |          |
| *LONNIE'S ANGELS 72-22065    | A0000000001            | \$15.00     | 1                                 | \$0.00   | 0%            | \$0.00     | 0.000%       | \$15.00    |          |          |
| Cash:                        |                        | \$0.00      | Cheque:                           | \$0.00   | Debit:        | \$0.00     | Credit Card: | \$25.00    | Total:   | \$25.00  |



| Item                                                                                                         | Animal#     | Unit Price  | Units  | Discount | Reason        | Tax             | SubTotal               |
|--------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|----------|---------------|-----------------|------------------------|
| Visa                                                                                                         |             |             |        |          |               |                 | Paid: \$25.00          |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                        |
| Reference:                                                                                                   |             |             |        |          |               | Change: \$0.00  |                        |
|                                                                                                              |             |             |        |          |               | Balance: \$0.00 |                        |
| R# 29783150 10/20/2025 2:39:00 PM P0045516891 CARRIE SHIELDS by SAMANTHA LANE Total: 40 Pd: 40 Balance: 0    |             |             |        |          |               |                 |                        |
| MISC                                                                                                         | A0000000001 | \$20.00     | 2      | \$0.00   | 0%            | \$0.00          | 0.000% \$40.00         |
| Cash:                                                                                                        | \$40.00     | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$0.00 Total: \$40.00  |
|                                                                                                              |             |             |        |          |               |                 | Paid: \$40.00          |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                        |
| Reference:                                                                                                   |             |             |        |          |               | Change: \$0.00  |                        |
|                                                                                                              |             |             |        |          |               | Balance: \$0.00 |                        |
| R# 29785755 10/21/2025 12:09:00 PM P0048521183 LOGAN PENDLEY by SAMANTHA LANE Total: 10 Pd: 10 Balance: 0    |             |             |        |          |               |                 |                        |
| 1RABVAC1                                                                                                     | A0000000001 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00         |
| Cash:                                                                                                        | \$10.00     | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$0.00 Total: \$10.00  |
|                                                                                                              |             |             |        |          |               |                 | Paid: \$10.00          |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                        |
| Reference:                                                                                                   |             |             |        |          |               | Change: \$0.00  |                        |
|                                                                                                              |             |             |        |          |               | Balance: \$0.00 |                        |
| R# 29785861 10/21/2025 12:24:00 PM P0045500258 MICHAEL PEARSALL by SAMANTHA LANE Total: 20 Pd: 20 Balance: 0 |             |             |        |          |               |                 |                        |
| 1RABVAC1                                                                                                     | A0000000001 | \$10.00     | 2      | \$0.00   | 0%            | \$0.00          | 0.000% \$20.00         |
| Cash:                                                                                                        | \$20.00     | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$0.00 Total: \$20.00  |
|                                                                                                              |             |             |        |          |               |                 | Paid: \$20.00          |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                        |
| Reference:                                                                                                   |             |             |        |          |               | Change: \$0.00  |                        |
|                                                                                                              |             |             |        |          |               | Balance: \$0.00 |                        |
| R# 29787363 10/21/2025 3:22:00 PM P0048523220 BRETT GRUFFIN by SAMANTHA LANE Total: 35 Pd: 35 Balance: 0     |             |             |        |          |               |                 |                        |
| 1FELOCCELL                                                                                                   | A0000000001 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00         |
| CVRC                                                                                                         |             |             |        |          |               |                 |                        |
| 1RABVAC1                                                                                                     | A0000000001 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00         |
| 1FELINE                                                                                                      | A0000000001 | \$15.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$15.00         |
| ADOPTION FEE                                                                                                 |             |             |        |          |               |                 |                        |
| Cash:                                                                                                        | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$35.00 Total: \$35.00 |
|                                                                                                              |             |             |        |          |               | Visa            | Paid: \$35.00          |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                        |
| Voucher Paid:                                                                                                | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                        |

| Item                                                                                                         | Animal#     | Unit Price  | Units  | Discount | Reason        | Tax             | SubTotal                 |
|--------------------------------------------------------------------------------------------------------------|-------------|-------------|--------|----------|---------------|-----------------|--------------------------|
| Reference:                                                                                                   |             |             |        |          |               |                 | Change: \$0.00           |
|                                                                                                              |             |             |        |          |               |                 | Balance: \$0.00          |
| R# 29787707 10/21/2025 4:03:00 PM P0048523808 WADE WILLIAMS by SAMANTHA LANE Total: 140 Pd: 140 Balance: 0   |             |             |        |          |               |                 |                          |
| 1Duramune                                                                                                    | A0000000001 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00           |
| Max 5 VACCINE ONLY                                                                                           |             |             |        |          |               |                 |                          |
| 1RABVAC1                                                                                                     | A0000000001 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00           |
| *CANINE ADOPTION FEE                                                                                         | A0000000001 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00           |
| *CANINE VOUCHER 72-2206-001                                                                                  | A0058627373 | \$100.00    | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$100.00          |
| 1BORDETELLA BRONCHISEPT ICA                                                                                  | A0000000001 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00           |
| Cash:                                                                                                        | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$140.00 Total: \$140.00 |
|                                                                                                              |             |             |        |          |               | Visa            | Paid: \$140.00           |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                          |
| Voucher Paid:                                                                                                | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                          |
| Reference:                                                                                                   |             |             |        |          |               | Change: \$0.00  |                          |
|                                                                                                              |             |             |        |          |               | Balance: \$0.00 |                          |
| R# 29788015 10/21/2025 4:37:00 PM P0048524099 JAMIE VELASQUEZ by SAMANTHA LANE Total: 175 Pd: 175 Balance: 0 |             |             |        |          |               |                 |                          |
| 1BORDETELLA BRONCHISEPT ICA                                                                                  | A0000000001 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00           |
| 1Duramune                                                                                                    | A0000000001 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00           |
| Max 5 VACCINE ONLY                                                                                           |             |             |        |          |               |                 |                          |
| 1RABVAC1                                                                                                     | A0000000001 | \$10.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$10.00           |
| BOARDING FEE                                                                                                 | A0000000001 | \$15.00     | 8      | \$0.00   | 0%            | \$0.00          | 0.000% \$120.00          |
| RECLAIM FEE                                                                                                  | A0000000001 | \$25.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$25.00           |
| Cash:                                                                                                        | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$175.00 Total: \$175.00 |
|                                                                                                              |             |             |        |          |               | Visa            | Paid: \$175.00           |
| Gift paid:                                                                                                   | \$0.00      | Gift Card#: |        |          | Gift Type:    |                 |                          |
| Voucher Paid:                                                                                                | \$0.00      | Voucher#:   |        |          | Voucher Type: |                 |                          |
| Reference:                                                                                                   |             |             |        |          |               | Change: \$0.00  |                          |
|                                                                                                              |             |             |        |          |               | Balance: \$0.00 |                          |
| R# 29771973 10/22/2025 4:34:00 PM P0048530300 JENNIFER DORTON by SAMANTHA LANE Total: 115 Pd: 115 Balance: 0 |             |             |        |          |               |                 |                          |
| * KITTEN ADOPTION FEE                                                                                        | A0059469040 | \$35.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$35.00           |
| 1FELINE VOUCHER 72-2206-001                                                                                  | A0059469040 | \$80.00     | 1      | \$0.00   | 0%            | \$0.00          | 0.000% \$80.00           |
| Cash:                                                                                                        | \$0.00      | Cheque:     | \$0.00 | Debit:   | \$0.00        | Credit Card:    | \$115.00 Total: \$115.00 |
|                                                                                                              |             |             |        |          |               | Visa            | Paid: \$115.00           |



| Item                                                                                                         | Animal#     | Unit Price | Units  | Discount | Reason      | Tax           | SubTotal |
|--------------------------------------------------------------------------------------------------------------|-------------|------------|--------|----------|-------------|---------------|----------|
| Gift paid:                                                                                                   |             | \$0.00     |        |          | Gift Card#: | Gift Type:    |          |
| Voucher Paid:                                                                                                |             | \$0.00     |        |          | Voucher#:   | Voucher Type: |          |
| Reference:                                                                                                   |             |            |        |          |             | Change:       | \$0.00   |
|                                                                                                              |             |            |        |          |             | Balance:      | \$0.00   |
| RF: 29774861 10/23/2025 2:10:00 PM P0032730154 CYNTHIA MITCHUM by SAMANTHA LANE Total: 45 Pd: 45 Balance: 0  |             |            |        |          |             |               |          |
| RABIES CLINIC VACCINE                                                                                        | A0000000001 | \$5.00     | 9      | \$0.00   | 0%          | \$0.00        | \$45.00  |
| Cash:                                                                                                        | \$0.00      | Cheque:    | \$0.00 | Debit:   | \$0.00      | Credit Card:  | \$45.00  |
|                                                                                                              |             |            |        |          |             | Visa          |          |
| Gift paid:                                                                                                   | \$0.00      |            |        |          | Gift Card#: | Gift Type:    |          |
| Voucher Paid:                                                                                                | \$0.00      |            |        |          | Voucher#:   | Voucher Type: |          |
| Reference:                                                                                                   |             |            |        |          |             | Change:       | \$0.00   |
|                                                                                                              |             |            |        |          |             | Balance:      | \$0.00   |
| RF: 29778186 10/24/2025 12:32:00 PM P0048538550 Jody Hodgson by SAMANTHA LANE Total: 115 Pd: 115 Balance: 0  |             |            |        |          |             |               |          |
| 1FELLOCCELL                                                                                                  | A0000000001 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |
| 1RABVAC1                                                                                                     | A0000000001 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |
| 1FELINE ADOPTION FEE                                                                                         | A0000000001 | \$15.00    | 1      | \$0.00   | 0%          | \$0.00        | \$15.00  |
| 1FELINE VOUCHER 72-2206-001                                                                                  | A0059539509 | \$80.00    | 1      | \$0.00   | 0%          | \$0.00        | \$80.00  |
| Cash:                                                                                                        | \$0.00      | Cheque:    | \$0.00 | Debit:   | \$0.00      | Credit Card:  | \$115.00 |
|                                                                                                              |             |            |        |          |             | Visa          |          |
| Gift paid:                                                                                                   | \$0.00      |            |        |          | Gift Card#: | Gift Type:    |          |
| Voucher Paid:                                                                                                | \$0.00      |            |        |          | Voucher#:   | Voucher Type: |          |
| Reference:                                                                                                   |             |            |        |          |             | Change:       | \$0.00   |
|                                                                                                              |             |            |        |          |             | Balance:      | \$0.00   |
| RF: 29778305 10/24/2025 12:52:00 PM P0048538728 Brady Daniels by SAMANTHA LANE Total: 115 Pd: 115 Balance: 0 |             |            |        |          |             |               |          |
| 1KITEN ADOPTION FEE                                                                                          | A0000000001 | \$35.00    | 1      | \$0.00   | 0%          | \$0.00        | \$35.00  |
| 1FELINE VOUCHER 72-2206-001                                                                                  | A0058878602 | \$80.00    | 1      | \$0.00   | 0%          | \$0.00        | \$80.00  |
| Cash:                                                                                                        | \$0.00      | Cheque:    | \$0.00 | Debit:   | \$0.00      | Credit Card:  | \$115.00 |
|                                                                                                              |             |            |        |          |             | Visa          |          |
| Gift paid:                                                                                                   | \$0.00      |            |        |          | Gift Card#: | Gift Type:    |          |
| Voucher Paid:                                                                                                | \$0.00      |            |        |          | Voucher#:   | Voucher Type: |          |
| Reference:                                                                                                   |             |            |        |          |             | Change:       | \$0.00   |
|                                                                                                              |             |            |        |          |             | Balance:      | \$0.00   |
| RF: 29778821 10/24/2025 3:58:00 PM P0000000001 No Person by SAMANTHA LANE Total: 40 Pd: 40 Balance: 0        |             |            |        |          |             |               |          |
| 1BORDETELLA BRONCHISEPT ICA                                                                                  | A0000000001 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |

| Item                                                                                                       | Animal#     | Unit Price | Units  | Discount | Reason      | Tax           | SubTotal |
|------------------------------------------------------------------------------------------------------------|-------------|------------|--------|----------|-------------|---------------|----------|
| 1Duramune Max 5 VACCINE ONLY                                                                               | A0000000001 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |
| 1RABVAC1                                                                                                   | A0000000001 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |
| 1CANINE ADOPTION FEE                                                                                       | A0000000001 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |
| Cash:                                                                                                      | \$0.00      | Cheque:    | \$0.00 | Debit:   | \$0.00      | Credit Card:  | \$40.00  |
|                                                                                                            |             |            |        |          |             | Visa          |          |
| Gift paid:                                                                                                 | \$0.00      |            |        |          | Gift Card#: | Gift Type:    |          |
| Voucher Paid:                                                                                              | \$0.00      |            |        |          | Voucher#:   | Voucher Type: |          |
| Reference:                                                                                                 |             |            |        |          |             | Change:       | \$0.00   |
|                                                                                                            |             |            |        |          |             | Balance:      | \$0.00   |
| RF: 29782257 10/25/2025 12:42:00 PM P0048544124 KAYLYN LANE by SAMANTHA LANE Total: 115 Pd: 115 Balance: 0 |             |            |        |          |             |               |          |
| 1FELLOCCELL                                                                                                | A0000000001 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |
| 1RABVAC1                                                                                                   | A0000000001 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |
| 1FELINE ADOPTION FEE                                                                                       | A0059597287 | \$15.00    | 1      | \$0.00   | 0%          | \$0.00        | \$15.00  |
| 1FELINE VOUCHER 72-2206-001                                                                                | A0059597287 | \$80.00    | 1      | \$0.00   | 0%          | \$0.00        | \$80.00  |
| Cash:                                                                                                      | \$0.00      | Cheque:    | \$0.00 | Debit:   | \$0.00      | Credit Card:  | \$115.00 |
|                                                                                                            |             |            |        |          |             | Visa          |          |
| Gift paid:                                                                                                 | \$0.00      |            |        |          | Gift Card#: | Gift Type:    |          |
| Voucher Paid:                                                                                              | \$0.00      |            |        |          | Voucher#:   | Voucher Type: |          |
| Reference:                                                                                                 |             |            |        |          |             | Change:       | \$0.00   |
|                                                                                                            |             |            |        |          |             | Balance:      | \$0.00   |
| RF: 29783533 10/25/2025 3:09:00 PM P0048546034 RACHAEL GRANT by SAMANTHA LANE Total: 35 Pd: 35 Balance: 0  |             |            |        |          |             |               |          |
| 1KITEN ADOPTION FEE                                                                                        | A0000000001 | \$35.00    | 1      | \$0.00   | 0%          | \$0.00        | \$35.00  |
| Cash:                                                                                                      | \$0.00      | Cheque:    | \$0.00 | Debit:   | \$0.00      | Credit Card:  | \$35.00  |
|                                                                                                            |             |            |        |          |             | Visa          |          |
| Gift paid:                                                                                                 | \$0.00      |            |        |          | Gift Card#: | Gift Type:    |          |
| Voucher Paid:                                                                                              | \$0.00      |            |        |          | Voucher#:   | Voucher Type: |          |
| Reference:                                                                                                 |             |            |        |          |             | Change:       | \$0.00   |
|                                                                                                            |             |            |        |          |             | Balance:      | \$0.00   |
| RF: 29796582 10/29/2025 1:06:00 PM P0048563817 MANLEY DAIL by ELAINE RAMIREZ Total: 40 Pd: 40 Balance: 0   |             |            |        |          |             |               |          |
| 1CANINE ADOPTION FEE                                                                                       | A0059601413 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |
| 1RABVAC1                                                                                                   | A0059601413 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |
| 1BORDETELLA BRONCHISEPT ICA                                                                                | A0059601413 | \$10.00    | 1      | \$0.00   | 0%          | \$0.00        | \$10.00  |



| Item                                                                                                         | Animal#     | Unit Price | Units       | Discount  | Reason        | Tax           | SubTotal     |          |        |          |
|--------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|-----------|---------------|---------------|--------------|----------|--------|----------|
| 1Duramune<br>Max 5<br>VACCINE<br>ONLY                                                                        | A0059601413 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00      |          |        |          |
| Cash:                                                                                                        |             | \$40.00    | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: | \$0.00   | Total: | \$40.00  |
|                                                                                                              |             |            |             |           |               |               |              | Paid:    |        | \$40.00  |
| Gift paid:                                                                                                   |             | \$0.00     | Gift Card#: |           | Gift Type:    |               |              |          |        |          |
| Voucher Paid:                                                                                                |             | \$0.00     | Voucher#:   |           | Voucher Type: |               |              |          |        |          |
| Reference:                                                                                                   |             |            |             |           |               |               |              | Change:  |        | \$0.00   |
|                                                                                                              |             |            |             |           |               |               |              | Balance: |        | \$0.00   |
| R# 29796750 10/29/2025 1:46:00 PM P000000001 No Person by ELAINE RAMIREZ Total: 20 Pd: 20 Balance: 0         |             |            |             |           |               |               |              |          |        |          |
| *LONNIE'S<br>ANGELS 72-<br>22065                                                                             | A0000000001 | \$20.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$20.00      |          |        |          |
| Cash:                                                                                                        |             | \$20.00    | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: | \$0.00   | Total: | \$20.00  |
|                                                                                                              |             |            |             |           |               |               |              | Paid:    |        | \$20.00  |
| Gift paid:                                                                                                   |             | \$0.00     | Gift Card#: |           | Gift Type:    |               |              |          |        |          |
| Voucher Paid:                                                                                                |             | \$0.00     | Voucher#:   |           | Voucher Type: |               |              |          |        |          |
| Reference:                                                                                                   |             |            |             |           |               |               |              | Change:  |        | \$0.00   |
|                                                                                                              |             |            |             |           |               |               |              | Balance: |        | \$0.00   |
| R# 29796981 10/29/2025 2:42:00 PM P0042860259 CHARLES ADKINS by ELAINE RAMIREZ Total: 140 Pd: 140 Balance: 0 |             |            |             |           |               |               |              |          |        |          |
| *CANINE<br>ADOPTION<br>FEE                                                                                   | A0059609616 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00      |          |        |          |
| 1RABVAC1                                                                                                     | A0059609616 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00      |          |        |          |
| 1BORDETELLA<br>BRONCHISEPT<br>ICA                                                                            | A0059609616 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00      |          |        |          |
| 1Duramune<br>Max 5<br>VACCINE<br>ONLY                                                                        | A0059609616 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00      |          |        |          |
| 1CANINE<br>VOUCHER 72-<br>2206-001                                                                           | A0059609616 | \$100.00   | 1           | \$0.00 0% |               | \$0.00 0.000% | \$100.00     |          |        |          |
| Cash:                                                                                                        |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: | \$140.00 | Total: | \$140.00 |
|                                                                                                              |             |            |             |           |               |               |              | Paid:    |        | \$140.00 |
| Gift paid:                                                                                                   |             | \$0.00     | Gift Card#: |           | Gift Type:    |               |              |          |        |          |
| Voucher Paid:                                                                                                |             | \$0.00     | Voucher#:   |           | Voucher Type: |               |              |          |        |          |
| Reference:                                                                                                   |             |            |             |           |               |               |              | Change:  |        | \$0.00   |
|                                                                                                              |             |            |             |           |               |               |              | Balance: |        | \$0.00   |
| R# 29797587 10/29/2025 4:03:00 PM P0042860259 CHARLES ADKINS by ELAINE RAMIREZ Total: 20 Pd: 20 Balance: 0   |             |            |             |           |               |               |              |          |        |          |
| 1RABVAC1                                                                                                     | A0059697942 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00      |          |        |          |
| 1RABVAC1                                                                                                     | A0059697859 | \$10.00    | 1           | \$0.00 0% |               | \$0.00 0.000% | \$10.00      |          |        |          |
| Cash:                                                                                                        |             | \$0.00     | Cheque:     | \$0.00    | Debit:        | \$0.00        | Credit Card: | \$20.00  | Total: | \$20.00  |
|                                                                                                              |             |            |             |           |               |               |              | Paid:    |        | \$20.00  |
| Gift paid:                                                                                                   |             | \$0.00     | Gift Card#: |           | Gift Type:    |               |              |          |        |          |

| Item                                                                                                           | Animal#     | Unit Price | Units       | Discount | Reason        | Tax    | SubTotal     |          |          |
|----------------------------------------------------------------------------------------------------------------|-------------|------------|-------------|----------|---------------|--------|--------------|----------|----------|
| Voucher Paid:                                                                                                  |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |          |          |
| Reference:                                                                                                     |             |            |             |          |               |        | Change:      | \$0.00   |          |
|                                                                                                                |             |            |             |          |               |        | Balance:     | \$0.00   |          |
| R# 29800961 10/30/2025 2:08:00 PM P0048569806 MICHELLE SMITH by ELAINE RAMIREZ Total: 140 Pd: 140 Balance: 0   |             |            |             |          |               |        |              |          |          |
| 1CANINE VOUCHER 72-2206-001                                                                                    | A0059528841 | \$100.00   | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$100.00 |          |
| 1RABVAC1                                                                                                       | A0059528841 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00  |          |
| *CANINE ADOPTION FEE                                                                                           | A0059528841 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00  |          |
| 1Duramune Max 5 VACCINE ONLY                                                                                   | A0059528841 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00  |          |
| 1BORDETELLA BRONCHISEPT ICA                                                                                    | A0059528841 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00  |          |
| Cash:                                                                                                          |             | \$140.00   | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$0.00   |          |
|                                                                                                                |             |            |             |          |               |        |              | Total:   | \$140.00 |
|                                                                                                                |             |            |             |          |               |        |              | Paid:    | \$140.00 |
| Gift paid:                                                                                                     |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |          |          |
| Voucher Paid:                                                                                                  |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |          |          |
| Reference:                                                                                                     |             |            |             |          |               |        | Change:      | \$0.00   |          |
|                                                                                                                |             |            |             |          |               |        | Balance:     | \$0.00   |          |
| R# 29801427 10/30/2025 3:03:00 PM P0048570416 JEREMY STREET by ELAINE RAMIREZ Total: 20 Pd: 20 Balance: 0      |             |            |             |          |               |        |              |          |          |
| OWNER SURRENDER FEE                                                                                            | A0059705256 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00  |          |
| OWNER SURRENDER FEE                                                                                            | A0059705265 | \$10.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$10.00  |          |
| Cash:                                                                                                          |             | \$20.00    | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$0.00   |          |
|                                                                                                                |             |            |             |          |               |        |              | Total:   | \$20.00  |
|                                                                                                                |             |            |             |          |               |        |              | Paid:    | \$20.00  |
| Gift paid:                                                                                                     |             | \$0.00     | Gift Card#: |          | Gift Type:    |        |              |          |          |
| Voucher Paid:                                                                                                  |             | \$0.00     | Voucher#:   |          | Voucher Type: |        |              |          |          |
| Reference:                                                                                                     |             |            |             |          |               |        | Change:      | \$0.00   |          |
|                                                                                                                |             |            |             |          |               |        | Balance:     | \$0.00   |          |
| R# 29802260 10/30/2025 4:30:00 PM P0048571417 PHILIP CAVENAUGH by ELAINE RAMIREZ Total: 115 Pd: 115 Balance: 0 |             |            |             |          |               |        |              |          |          |
| *KITTEEN ADOPTION FEE                                                                                          | A0059617736 | \$35.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$35.00  |          |
| 1FELINE VOUCHER 72-2206-001                                                                                    | A0059617736 | \$80.00    | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$80.00  |          |
| *KITTEEN ADOPTION FEE                                                                                          | A0059617744 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$0.00   |          |
| 1FELINE VOUCHER 72-2206-001                                                                                    | A0059617744 | \$0.00     | 1           | \$0.00   | 0%            | \$0.00 | 0.000%       | \$0.00   |          |
| Cash:                                                                                                          |             | \$0.00     | Cheque:     | \$0.00   | Debit:        | \$0.00 | Credit Card: | \$115.00 |          |
|                                                                                                                |             |            |             |          |               |        |              | Total:   | \$115.00 |



| Item          | Animal# | Unit Price  | Units | Discount      | Reason | Tax      | SubTotal       |
|---------------|---------|-------------|-------|---------------|--------|----------|----------------|
|               |         |             |       |               |        | Visa     | Paid: \$115.00 |
| Gift paid:    | \$0.00  | Gift Card#: |       | Gift Type:    |        |          |                |
| Voucher Paid: | \$0.00  | Voucher#:   |       | Voucher Type: |        |          |                |
| Reference:    |         |             |       |               |        | Change:  | \$0.00         |
|               |         |             |       |               |        | Balance: | \$0.00         |

| Item          | Animal# | Unit Price  | Units | Discount      | Reason | Tax        | SubTotal       |
|---------------|---------|-------------|-------|---------------|--------|------------|----------------|
|               |         |             |       |               |        | MasterCard | Paid: \$115.00 |
| Gift paid:    | \$0.00  | Gift Card#: |       | Gift Type:    |        |            |                |
| Voucher Paid: | \$0.00  | Voucher#:   |       | Voucher Type: |        |            |                |
| Reference:    |         |             |       |               |        | Change:    | \$0.00         |
|               |         |             |       |               |        | Balance:   | \$0.00         |

| Item          | Animal# | Unit Price  | Units | Discount      | Reason | Tax        | SubTotal       |
|---------------|---------|-------------|-------|---------------|--------|------------|----------------|
|               |         |             |       |               |        | MasterCard | Paid: \$115.00 |
| Gift paid:    | \$0.00  | Gift Card#: |       | Gift Type:    |        |            |                |
| Voucher Paid: | \$0.00  | Voucher#:   |       | Voucher Type: |        |            |                |
| Reference:    |         |             |       |               |        | Change:    | \$0.00         |
|               |         |             |       |               |        | Balance:   | \$0.00         |

| Item          | Animal# | Unit Price  | Units | Discount      | Reason | Tax        | SubTotal       |
|---------------|---------|-------------|-------|---------------|--------|------------|----------------|
|               |         |             |       |               |        | MasterCard | Paid: \$115.00 |
| Gift paid:    | \$0.00  | Gift Card#: |       | Gift Type:    |        |            |                |
| Voucher Paid: | \$0.00  | Voucher#:   |       | Voucher Type: |        |            |                |
| Reference:    |         |             |       |               |        | Change:    | \$0.00         |
|               |         |             |       |               |        | Balance:   | \$0.00         |

| Item          | Animal# | Unit Price  | Units | Discount      | Reason | Tax        | SubTotal       |
|---------------|---------|-------------|-------|---------------|--------|------------|----------------|
|               |         |             |       |               |        | MasterCard | Paid: \$115.00 |
| Gift paid:    | \$0.00  | Gift Card#: |       | Gift Type:    |        |            |                |
| Voucher Paid: | \$0.00  | Voucher#:   |       | Voucher Type: |        |            |                |
| Reference:    |         |             |       |               |        | Change:    | \$0.00         |
|               |         |             |       |               |        | Balance:   | \$0.00         |

|                |             |                 |        |             |             |                |        |            |          |
|----------------|-------------|-----------------|--------|-------------|-------------|----------------|--------|------------|----------|
| Cash:          | \$695.00    | Cheque:         | \$0.00 | Debit:      | \$0.00      | Credit Card:   | \$0.00 | Total:     | \$115.00 |
| Gift Card:     | \$0.00      | Voucher:        | \$0.00 |             |             |                |        | Paid:      | \$115.00 |
| Total Revenue: | \$20,285.00 | Total Discount: | \$0.00 | Total Paid: | \$20,285.00 | Total Balance: | \$0.00 | Total Tax: | \$0.00   |

|          |     |       |   |   |     |                     |     |                              |
|----------|-----|-------|---|---|-----|---------------------|-----|------------------------------|
| 29755934 | 485 | 0.00  | 0 | 0 | 140 | 10/18/2025 11:46 AM | 10  | 1RABVAC1                     |
| 29755934 | 485 | 0.00  | 0 | 0 | 140 | 10/18/2025 11:46 AM | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29755934 | 485 | 0.00  | 0 | 0 | 140 | 10/18/2025 11:46 AM | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29762283 | 485 | 0.00  | 0 | 0 | 25  | 10/18/2025 12:24 PM | 10  | 1RABVAC1                     |
| 29762283 | 485 | 0.00  | 0 | 0 | 25  | 10/18/2025 12:24 PM | 15  | *LONNIE'S ANGELS 72-22065    |
| 29756426 | 485 | 0.00  | 0 | 0 | 20  | 10/18/2025 1:04 PM  | 10  | 1RABVAC1                     |
| 29756426 | 485 | 0.00  | 0 | 0 | 20  | 10/18/2025 1:04 PM  | 10  | 1RABVAC1                     |
| 29763150 | 450 | 40.00 | 0 | 0 | 0   | 10/20/2025 2:39 PM  | 40  | MISC                         |
| 29765755 | 450 | 10.00 | 0 | 0 | 0   | 10/21/2025 12:09 PM | 10  | 1RABVAC1                     |
| 29765861 | 450 | 20.00 | 0 | 0 | 0   | 10/21/2025 12:24 PM | 20  | 1RABVAC1                     |
| 29767363 | 618 | 0.00  | 0 | 0 | 35  | 10/21/2025 3:22 PM  | 10  | 1RABVAC1                     |
| 29767363 | 618 | 0.00  | 0 | 0 | 35  | 10/21/2025 3:22 PM  | 10  | 1FELOCELL CVR-C              |
| 29767363 | 618 | 0.00  | 0 | 0 | 35  | 10/21/2025 3:22 PM  | 15  | *FELINE ADOPTION FEE         |
| 29767707 | 618 | 0.00  | 0 | 0 | 140 | 10/21/2025 4:03 PM  | 10  | *CANINE ADOPTION FEE         |
| 29767707 | 618 | 0.00  | 0 | 0 | 140 | 10/21/2025 4:03 PM  | 10  | 1RABVAC1                     |
| 29767707 | 618 | 0.00  | 0 | 0 | 140 | 10/21/2025 4:03 PM  | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29767707 | 618 | 0.00  | 0 | 0 | 140 | 10/21/2025 4:03 PM  | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29767707 | 618 | 0.00  | 0 | 0 | 140 | 10/21/2025 4:03 PM  | 100 | 1CANINE VOUCHER 72-2206-001  |
| 29768015 | 618 | 0.00  | 0 | 0 | 175 | 10/21/2025 4:37 PM  | 120 | BOARDING FEE                 |
| 29768015 | 618 | 0.00  | 0 | 0 | 175 | 10/21/2025 4:37 PM  | 10  | 1RABVAC1                     |
| 29768015 | 618 | 0.00  | 0 | 0 | 175 | 10/21/2025 4:37 PM  | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29768015 | 618 | 0.00  | 0 | 0 | 175 | 10/21/2025 4:37 PM  | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29768015 | 618 | 0.00  | 0 | 0 | 175 | 10/21/2025 4:37 PM  | 25  | RECLAIM FEE                  |
| 29771973 | 717 | 0.00  | 0 | 0 | 115 | 10/22/2025 4:34 PM  | 80  | 1FELINE VOUCHER 72-2206-001  |
| 29771973 | 717 | 0.00  | 0 | 0 | 115 | 10/22/2025 4:34 PM  | 35  | * KITTEN ADOPTION FEE        |
| 29774861 | 728 | 0.00  | 0 | 0 | 45  | 10/23/2025 2:10 PM  | 45  | RABIES CLINIC VACCINE        |
| 29778166 | 728 | 0.00  | 0 | 0 | 115 | 10/24/2025 12:32 PM | 15  | *FELINE ADOPTION FEE         |
| 29778166 | 728 | 0.00  | 0 | 0 | 115 | 10/24/2025 12:32 PM | 10  | 1RABVAC1                     |
| 29778166 | 728 | 0.00  | 0 | 0 | 115 | 10/24/2025 12:32 PM | 10  | 1FELOCELL CVR-C              |
| 29778166 | 728 | 0.00  | 0 | 0 | 115 | 10/24/2025 12:32 PM | 80  | 1FELINE VOUCHER 72-2206-001  |
| 29778305 | 728 | 0.00  | 0 | 0 | 115 | 10/24/2025 12:52 PM | 35  | * KITTEN ADOPTION FEE        |
| 29778305 | 728 | 0.00  | 0 | 0 | 115 | 10/24/2025 12:52 PM | 80  | 1FELINE VOUCHER 72-2206-001  |
| 29779821 | 728 | 0.00  | 0 | 0 | 40  | 10/24/2025 3:58 PM  | 10  | *CANINE ADOPTION FEE         |
| 29779821 | 728 | 0.00  | 0 | 0 | 40  | 10/24/2025 3:58 PM  | 10  | 1RABVAC1                     |



|          |     |        |   |   |     |                     |     |                              |
|----------|-----|--------|---|---|-----|---------------------|-----|------------------------------|
| 29779821 | 728 | 0.00   | 0 | 0 | 40  | 10/24/2025 3:58 PM  | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29779821 | 728 | 0.00   | 0 | 0 | 40  | 10/24/2025 3:58 PM  | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29782257 | 728 | 0.00   | 0 | 0 | 115 | 10/25/2025 12:42 PM | 10  | 1RABVAC1                     |
| 29782257 | 728 | 0.00   | 0 | 0 | 115 | 10/25/2025 12:42 PM | 10  | 1FELOCELL CVR-C              |
| 29782257 | 728 | 0.00   | 0 | 0 | 115 | 10/25/2025 12:42 PM | 80  | 1FELINE VOUCHER 72-2206-001  |
| 29782257 | 728 | 0.00   | 0 | 0 | 115 | 10/25/2025 12:42 PM | 15  | *FELINE ADOPTION FEE         |
| 29783533 | 728 | 0.00   | 0 | 0 | 35  | 10/25/2025 3:09 PM  | 35  | * KITTEN ADOPTION FEE        |
| 29796582 |     | 40.00  | 0 | 0 | 0   | 10/29/2025 1:06 PM  | 10  | *CANINE ADOPTION FEE         |
| 29796582 |     | 40.00  | 0 | 0 | 0   | 10/29/2025 1:06 PM  | 10  | 1RABVAC1                     |
| 29796582 |     | 40.00  | 0 | 0 | 0   | 10/29/2025 1:06 PM  | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29796582 |     | 40.00  | 0 | 0 | 0   | 10/29/2025 1:06 PM  | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29796750 |     | 20.00  | 0 | 0 | 0   | 10/29/2025 1:46 PM  | 20  | *LONNIE'S ANGELS 72-22065    |
| 29796981 |     | 0.00   | 0 | 0 | 140 | 10/29/2025 2:42 PM  | 10  | *CANINE ADOPTION FEE         |
| 29796981 |     | 0.00   | 0 | 0 | 140 | 10/29/2025 2:42 PM  | 100 | 1CANINE VOUCHER 72-2206-001  |
| 29796981 |     | 0.00   | 0 | 0 | 140 | 10/29/2025 2:42 PM  | 10  | 1RABVAC1                     |
| 29796981 |     | 0.00   | 0 | 0 | 140 | 10/29/2025 2:42 PM  | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29796981 |     | 0.00   | 0 | 0 | 140 | 10/29/2025 2:42 PM  | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29797597 |     | 0.00   | 0 | 0 | 20  | 10/29/2025 4:03 PM  | 10  | 1RABVAC1                     |
| 29797597 |     | 0.00   | 0 | 0 | 20  | 10/29/2025 4:03 PM  | 10  | 1RABVAC1                     |
| 29800961 |     | 140.00 | 0 | 0 | 0   | 10/30/2025 2:08 PM  | 10  | *CANINE ADOPTION FEE         |
| 29800961 |     | 140.00 | 0 | 0 | 0   | 10/30/2025 2:08 PM  | 100 | 1CANINE VOUCHER 72-2206-001  |
| 29800961 |     | 140.00 | 0 | 0 | 0   | 10/30/2025 2:08 PM  | 10  | 1RABVAC1                     |
| 29800961 |     | 140.00 | 0 | 0 | 0   | 10/30/2025 2:08 PM  | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29800961 |     | 140.00 | 0 | 0 | 0   | 10/30/2025 2:08 PM  | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29801427 |     | 20.00  | 0 | 0 | 0   | 10/30/2025 3:03 PM  | 10  | OWNER SURRENDER FEE          |
| 29801427 |     | 20.00  | 0 | 0 | 0   | 10/30/2025 3:03 PM  | 10  | OWNER SURRENDER FEE          |
| 29802260 |     | 0.00   | 0 | 0 | 115 | 10/30/2025 4:30 PM  | 35  | * KITTEN ADOPTION FEE        |
| 29802260 |     | 0.00   | 0 | 0 | 115 | 10/30/2025 4:30 PM  | 80  | 1FELINE VOUCHER 72-2206-001  |
| 29802260 |     | 0.00   | 0 | 0 | 115 | 10/30/2025 4:30 PM  | 0   | 1FELINE VOUCHER 72-2206-001  |
| 29802260 |     | 0.00   | 0 | 0 | 115 | 10/30/2025 4:30 PM  | 0   | * KITTEN ADOPTION FEE        |
| 29805007 |     | 0.00   | 0 | 0 | 115 | 10/31/2025 1:20 PM  | 80  | 1FELINE VOUCHER 72-2206-001  |
| 29805007 |     | 0.00   | 0 | 0 | 115 | 10/31/2025 1:20 PM  | 35  | * KITTEN ADOPTION FEE        |
| 29806088 |     | 115.00 | 0 | 0 | 0   | 10/31/2025 3:27 PM  | 80  | 1FELINE VOUCHER 72-2206-001  |
| 29806088 |     | 115.00 | 0 | 0 | 0   | 10/31/2025 3:27 PM  | 35  | * KITTEN ADOPTION FEE        |

|          |     |       |       |   |     |                     |       |                              |
|----------|-----|-------|-------|---|-----|---------------------|-------|------------------------------|
| 29699086 | 151 | 0.00  | 0     | 0 | 25  | 10/01/2025 2:08 PM  | 25    | RECLAIM FEE                  |
| 29699999 | 151 | 0.00  | 0     | 0 | 140 | 10/01/2025 4:19 PM  | 100   | 1CANINE VOUCHER 72-2206-001  |
| 29699999 | 151 | 0.00  | 0     | 0 | 140 | 10/01/2025 4:19 PM  | 10    | 1Duramune Max 5 VACCINE ONLY |
| 29699999 | 151 | 0.00  | 0     | 0 | 140 | 10/01/2025 4:19 PM  | 10    | 1BORDETELLA BRONCHISEPTICA   |
| 29699999 | 151 | 0.00  | 0     | 0 | 140 | 10/01/2025 4:19 PM  | 20    | * PUPPY ADOPTION FEE         |
| 29701997 | 124 | 40.00 | 0     | 0 | 0   | 10/02/2025 12:26 PM | 10    | *CANINE ADOPTION FEE         |
| 29701997 | 124 | 40.00 | 0     | 0 | 0   | 10/02/2025 12:26 PM | 10    | 1RABVAC1                     |
| 29701997 | 124 | 40.00 | 0     | 0 | 0   | 10/02/2025 12:26 PM | 10    | 1Duramune Max 5 VACCINE ONLY |
| 29701997 | 124 | 40.00 | 0     | 0 | 0   | 10/02/2025 12:26 PM | 10    | 1BORDETELLA BRONCHISEPTICA   |
| 29702992 | 124 | 10.00 | 0     | 0 | 0   | 10/02/2025 3:05 PM  | 10    | OWNER SURRENDER FEE          |
| 29703371 | 171 | 0.00  | 0     | 0 | 140 | 10/02/2025 3:57 PM  | 10    | *CANINE ADOPTION FEE         |
| 29703371 | 171 | 0.00  | 0     | 0 | 140 | 10/02/2025 3:57 PM  | 100   | 1CANINE VOUCHER 72-2206-001  |
| 29703371 | 171 | 0.00  | 0     | 0 | 140 | 10/02/2025 3:57 PM  | 10    | 1RABVAC1                     |
| 29703371 | 171 | 0.00  | 0     | 0 | 140 | 10/02/2025 3:57 PM  | 10    | 1Duramune Max 5 VACCINE ONLY |
| 29703371 | 171 | 0.00  | 0     | 0 | 140 | 10/02/2025 3:57 PM  | 10    | 1BORDETELLA BRONCHISEPTICA   |
| 29704744 | 171 | 0.00  | 0     | 0 | 50  | 10/02/2025 8:36 PM  | 50    | *RESCUE DOG TRANSFER FEES    |
| 29705436 | 180 | 0.00  | 0     | 0 | 140 | 10/03/2025 11:49 AM | 100   | 1CANINE VOUCHER 72-2206-001  |
| 29705436 | 180 | 0.00  | 0     | 0 | 140 | 10/03/2025 11:49 AM | 10    | *CANINE ADOPTION FEE         |
| 29705436 | 180 | 0.00  | 0     | 0 | 140 | 10/03/2025 11:49 AM | 10    | 1RABVAC1                     |
| 29705436 | 180 | 0.00  | 0     | 0 | 140 | 10/03/2025 11:49 AM | 10    | 1Duramune Max 5 VACCINE ONLY |
| 29705436 | 180 | 0.00  | 0     | 0 | 140 | 10/03/2025 11:49 AM | 10    | 1BORDETELLA BRONCHISEPTICA   |
| 29706356 | 171 | 30.00 | 0     | 0 | 0   | 10/03/2025 2:15 PM  | 30    | OWNER SURRENDER FEE          |
| 29718373 | 372 | 0.00  | 0     | 0 | 35  | 10/07/2025 12:51 PM | 10    | 1RABVAC1                     |
| 29718373 | 372 | 0.00  | 0     | 0 | 35  | 10/07/2025 12:51 PM | 10    | 1FELOCELL CVR-C              |
| 29718373 | 372 | 0.00  | 0     | 0 | 35  | 10/07/2025 12:51 PM | 15    | *FELINE ADOPTION FEE         |
| 29719667 | 369 | 20.00 | 0     | 0 | 0   | 10/07/2025 3:59 PM  | 10    | 1RABVAC1                     |
| 29719667 | 369 | 20.00 | 0     | 0 | 0   | 10/07/2025 3:59 PM  | 10    | 1RABVAC1                     |
| 29721503 | 369 | 0.00  | 16720 | 0 | 0   | 10/08/2025 11:08 AM | 16720 | MISC                         |
| 29724469 | 381 | 50.00 | 0     | 0 | 0   | 10/09/2025 9:20 AM  | 50    | OWNER SURRENDER EUTHANASIA   |
| 29726896 | 381 | 70.00 | 0     | 0 | 0   | 10/09/2025 4:43 PM  | 15    | BOARDING FEE                 |
| 29726896 | 381 | 70.00 | 0     | 0 | 0   | 10/09/2025 4:43 PM  | 10    | 1RABVAC1                     |
| 29726896 | 381 | 70.00 | 0     | 0 | 0   | 10/09/2025 4:43 PM  | 10    | 1Duramune Max 5 VACCINE ONLY |
| 29726896 | 381 | 70.00 | 0     | 0 | 0   | 10/09/2025 4:43 PM  | 10    | 1BORDETELLA BRONCHISEPTICA   |
| 29726896 | 381 | 70.00 | 0     | 0 | 0   | 10/09/2025 4:43 PM  | 25    | RECLAIM FEE                  |



|          |     |       |   |   |     |                     |     |                              |
|----------|-----|-------|---|---|-----|---------------------|-----|------------------------------|
| 29727155 | 348 | 0.00  | 0 | 0 | 115 | 10/09/2025 5:23 PM  | 80  | 1FELINE VOUCHER 72-2206-001  |
| 29727155 | 348 | 0.00  | 0 | 0 | 115 | 10/09/2025 5:23 PM  | 35  | * KITTEN ADOPTION FEE        |
| 29727155 | 348 | 0.00  | 0 | 0 | 115 | 10/09/2025 5:23 PM  | 0   | * KITTEN ADOPTION FEE        |
| 29727155 | 348 | 0.00  | 0 | 0 | 115 | 10/09/2025 5:23 PM  | 0   | 1FELINE VOUCHER 72-2206-001  |
| 29746127 | 381 | 0.00  | 0 | 0 | 200 | 10/10/2025 4:33 PM  | 200 | *RESCUE DOG TRANSFER FEES    |
| 29733468 | 381 | 0.00  | 0 | 0 | 140 | 10/11/2025 2:44 PM  | 10  | 1RABVAC1                     |
| 29733468 | 381 | 0.00  | 0 | 0 | 140 | 10/11/2025 2:44 PM  | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29733468 | 381 | 0.00  | 0 | 0 | 140 | 10/11/2025 2:44 PM  | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29733468 | 381 | 0.00  | 0 | 0 | 140 | 10/11/2025 2:44 PM  | 10  | *CANINE ADOPTION FEE         |
| 29733468 | 381 | 0.00  | 0 | 0 | 140 | 10/11/2025 2:44 PM  | 100 | 1CANINE VOUCHER 72-2206-001  |
| 29741001 | 390 | 0.00  | 0 | 0 | 140 | 10/14/2025 2:09 PM  | 10  | *CANINE ADOPTION FEE         |
| 29741001 | 390 | 0.00  | 0 | 0 | 140 | 10/14/2025 2:09 PM  | 100 | 1CANINE VOUCHER 72-2206-001  |
| 29741001 | 390 | 0.00  | 0 | 0 | 140 | 10/14/2025 2:09 PM  | 10  | 1RABVAC1                     |
| 29741001 | 390 | 0.00  | 0 | 0 | 140 | 10/14/2025 2:09 PM  | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29741001 | 390 | 0.00  | 0 | 0 | 140 | 10/14/2025 2:09 PM  | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29744729 | 414 | 0.00  | 0 | 0 | 20  | 10/15/2025 1:26 PM  | 20  | OWNER SURRENDER FEE          |
| 29744884 | 414 | 50.00 | 0 | 0 | 0   | 10/15/2025 1:51 PM  | 50  | *LONNIE'S ANGELS 72-22065    |
| 29752941 | 450 | 0.00  | 0 | 0 | 20  | 10/17/2025 1:57 PM  | 10  | 1RABVAC1                     |
| 29752941 | 450 | 0.00  | 0 | 0 | 20  | 10/17/2025 1:57 PM  | 10  | 1RABVAC1                     |
| 29753138 | 450 | 20.00 | 0 | 0 | 0   | 10/17/2025 2:21 PM  | 10  | 1RABVAC1                     |
| 29753138 | 450 | 20.00 | 0 | 0 | 0   | 10/17/2025 2:21 PM  | 0   | 1FELINE VOUCHER 72-2206-001  |
| 29753138 | 450 | 20.00 | 0 | 0 | 0   | 10/17/2025 2:21 PM  | 0   | 1FELINE VOUCHER 72-2206-001  |
| 29753138 | 450 | 20.00 | 0 | 0 | 0   | 10/17/2025 2:21 PM  | 10  | 1RABVAC1                     |
| 29755648 | 485 | 0.00  | 0 | 0 | 140 | 10/18/2025 10:40 AM | 10  | *CANINE ADOPTION FEE         |
| 29755648 | 485 | 0.00  | 0 | 0 | 140 | 10/18/2025 10:40 AM | 100 | 1CANINE VOUCHER 72-2206-001  |
| 29755648 | 485 | 0.00  | 0 | 0 | 140 | 10/18/2025 10:40 AM | 10  | 1RABVAC1                     |
| 29755648 | 485 | 0.00  | 0 | 0 | 140 | 10/18/2025 10:40 AM | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29755648 | 485 | 0.00  | 0 | 0 | 140 | 10/18/2025 10:40 AM | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29755921 | 485 | 0.00  | 0 | 0 | 40  | 10/18/2025 11:44 AM | 10  | *CANINE ADOPTION FEE         |
| 29755921 | 485 | 0.00  | 0 | 0 | 40  | 10/18/2025 11:44 AM | 10  | 1RABVAC1                     |
| 29755921 | 485 | 0.00  | 0 | 0 | 40  | 10/18/2025 11:44 AM | 10  | 1Duramune Max 5 VACCINE ONLY |
| 29755921 | 485 | 0.00  | 0 | 0 | 40  | 10/18/2025 11:44 AM | 10  | 1BORDETELLA BRONCHISEPTICA   |
| 29755934 | 485 | 0.00  | 0 | 0 | 140 | 10/18/2025 11:46 AM | 10  | *CANINE ADOPTION FEE         |
| 29755934 | 485 | 0.00  | 0 | 0 | 140 | 10/18/2025 11:46 AM | 100 | 1CANINE VOUCHER 72-2206-001  |

| ReceiptID | reference | CashPaid | ChequePaid | Debit | CreditCard | ReceiptDate | SubTotal | ReceiptItemType |
|-----------|-----------|----------|------------|-------|------------|-------------|----------|-----------------|
|           |           |          |            |       |            |             |          |                 |
|           |           |          |            |       |            |             |          |                 |

| DUPLIN COUNTY BUILDING INSPECTIONS ACTIVITY<br>MAY 2025 TO OCTOBER 2025 | May-25            | June-25           | July-25           | August-25         | September-25      | October-25        |
|-------------------------------------------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| NUMBER OF INSPECTIONS                                                   | 864               | 915               | 883               | 861               | 914               | 916               |
| NOTES                                                                   | FLORENCE RECOVERY | FLORENCE RECOVERY | FLORENCE RECOVERY | FLORENCE RECOVERY | FLORENCE RECOVERY | FLORENCE RECOVERY |
| BUILDING PERMITS ISSUED                                                 |                   |                   |                   |                   |                   |                   |
| NEW RESIDENCE                                                           | 15                | 17                | 4                 | 6                 | 10                | 5                 |
| RESIDENTIAL ADDITION/RENOVATION/ALTERATIONS                             | 8                 | 6                 | 2                 | 6                 | 7                 | 6                 |
| COMMERCIAL/MULTI FAMILY NEW CONSTRUCTION                                | 5                 | 0                 | 2                 | 1                 | 0                 | 0                 |
| COMMERICAL ADDITION/RENOVATION/UPFIT                                    | 8                 | 10                | 4                 | 13                | 12                | 9                 |
| MANUFACTURED/MODULAR HOMES                                              | 26                | 28                | 23                | 25                | 24                | 14                |
| SIGNS/ABC/DAYCARE/POOL/OTHER                                            | 11                | 5                 | 14                | 12                | 7                 | 14                |
| STORM DAMAGE RENOVATION                                                 | 0                 | 0                 | 0                 | 0                 | 0                 | 0                 |
| RELOCATED BUILDING                                                      | 2                 | 3                 | 0                 | 1                 | 0                 | 0                 |
| STORAGE BLDG./DECK/PORCH                                                | 6                 | 3                 | 3                 | 3                 | 0                 | 1                 |
| ELECTRICAL PERMITS ISSUED                                               |                   |                   |                   |                   |                   |                   |
| GENERAL ELECTRICAL                                                      | 153               | 149               | 123               | 123               | 134               | 103               |
| POULTRY/SWINE HOUSES                                                    | 0                 | 0                 | 4                 | 0                 | 0                 | 0                 |
| POOL BONDING                                                            | 1                 | 1                 | 0                 | 1                 | 0                 | 0                 |
| MECHANICAL PERMITS ISSUED                                               |                   |                   |                   |                   |                   |                   |
| MECHANICAL                                                              | 90                | 99                | 79                | 70                | 68                | 54                |
| PLUMBING PERMITS ISSUED                                                 |                   |                   |                   |                   |                   |                   |
| PLUMBING                                                                | 63                | 78                | 46                | 46                | 58                | 52                |
| GAS PIPING                                                              | 12                | 8                 | 8                 | 10                | 11                | 13                |
| INSULATION PERMITS ISSUED                                               |                   |                   |                   |                   |                   |                   |
| INSULATION                                                              | 1                 | 0                 | 1                 | 2                 | 2                 | 1                 |
| FEES COLLECTED                                                          | 54,199.56         | 42,983.84         | 34,361.60         | 32,745.96         | 37,176.40         | 24,546.72         |

| DUPLIN COUNTY COMMUNICATIONS/911 ADDRESSING      | 2025    | 2025      | 2025    | 2025   | 2025   | 2025   |
|--------------------------------------------------|---------|-----------|---------|--------|--------|--------|
|                                                  | October | September | August  | July   | June   | May    |
| TOTAL # OF ADDRESSING RECORDS                    | 49,560  | 49,533    | 49, 501 | 49,485 | 49,415 | 49,390 |
| TOTAL # OF ROADS, LANES & STREETS                | 2127    | 2125      | 2120    | 2119   | 2115   | 2110   |
| TOTAL # TELEPHONE CO RECORD CHANGES              | 120     | 233       | 162     | 196    | 572    | 172    |
| KEYING ACTIVITY REPORT                           | 96      | 163       | 112     | 188    | 130    | 182    |
| DAILY AVERAGE DOWNLOAD FROM CENTURYLINK          | 30      | 46        | 40      | 49     | 114    | 43     |
| NEW ADDRESS ASSIGNED                             | 36      | 56        | 31      | 84     | 62     | 119    |
| RESIDENTIAL                                      | 30      | 39        | 25      | 58     | 44     | 105    |
| BUSINESS                                         | 1       | 1         | 0       | 1      | 0      | 0      |
| FARMS                                            | 1       | 3         | 0       | 0      | 1      | 0      |
| OTHER                                            | 4       | 13        | 6       | 25     | 17     | 14     |
| FIELD VERIFIED ADDRESS FOR PHONE CO/USPS         | 3       | 1         | 2       | 3      | 0      | 3      |
| ADDRESS CHANGED                                  | 9       | 9         | 2       | 9      | 4      | 2      |
| ROAD SIGNS INSTALLED OR REPAIRED                 | 137     | 125       | 163     | 146    | 90     | 148    |
| ROAD SIGNS MADE IN HOUSE                         | 27      | 28        | 25      | 28     | 14     | 20     |
| POST TAKEN FROM INVENTORY                        | 4       | 8         | 5       | 13     | 4      | 7      |
| AT NUMBERS (INTERSECTIONS)                       | 12      | 2         | 4       | 10     | 2      | 7      |
| MAPS MADE IN HOUSE                               | 2       | 4         | 0       | 1      | 2      | 4      |
| CENTERLINE WORK                                  | 7       | 24        | 14      | 26     | 42     | 27     |
| ADDRESS POINTS                                   | 39      | 107       | 105     | 133    | 140    | 197    |
| NUMBER OF 911 CALLS                              | 9391    | 9,664     | 10,393  | 10,585 | 9,770  | 9,021  |
| Submitted by Melissa B Kennedy. November 3, 2025 |         |           |         |        |        |        |



| FY 2026                                                                |                    |               |                |                |                |                |                |
|------------------------------------------------------------------------|--------------------|---------------|----------------|----------------|----------------|----------------|----------------|
| Sales Tax Report for the Purchase Month of August Received in November |                    |               |                |                |                |                |                |
| Article 39                                                             |                    |               |                |                |                |                |                |
| Purchase Month                                                         | Distribution Month | FY 26 Actual  | FY 25 Actual   | FY 24 Actual   | FY 23 Actual   | FY 22 Actual   | FY 21 Actual   |
| July                                                                   | October            | 532,981.00    | 512,413.10     | 495,991.40     | 460,818.32     | 457,573.41     | 427,182.25     |
| August                                                                 | November           | 554,514.10    | 527,645.33     | 513,122.83     | 479,755.43     | 427,349.77     | 392,404.62     |
| September                                                              | December           | -             | 478,348.51     | 490,037.02     | 496,342.32     | 414,041.24     | 405,011.20     |
| October                                                                | January            | -             | 443,241.60     | 460,118.92     | 463,630.99     | 400,175.55     | 384,453.05     |
| November                                                               | February           | -             | 758,680.89     | 518,248.14     | 364,212.57     | 351,915.06     | 351,358.13     |
| December                                                               | March              | -             | 601,865.28     | 423,877.90     | 546,338.21     | 476,025.91     | 443,143.03     |
| January                                                                | April              | -             | 450,972.43     | 467,630.40     | 453,297.42     | 400,423.99     | 404,614.63     |
| February                                                               | May                | -             | 456,723.43     | 465,628.42     | 400,734.07     | 396,214.51     | 358,703.95     |
| March                                                                  | June               | -             | 583,598.96     | 543,549.20     | 500,590.56     | 486,430.41     | 456,776.99     |
| April                                                                  | July               | -             | 484,226.02     | 471,382.38     | 476,825.85     | 483,971.68     | 459,458.81     |
| May                                                                    | August             | -             | 550,139.87     | 526,073.62     | 514,839.19     | 436,910.71     | 440,756.95     |
| June                                                                   | September          | -             | 563,399.25     | 562,486.87     | 533,561.50     | 489,732.40     | 457,573.41     |
|                                                                        | Article Total      | 1,087,495.10  | 6,411,254.67   | 5,938,147.10   | 5,690,946.43   | 5,220,764.94   | 4,981,437.02   |
| Article 40                                                             |                    |               |                |                |                |                |                |
| Purchase Month                                                         | Distribution Month | FY 26 Actual  | FY 25 Actual   | FY 24 Actual   | FY 23 Actual   | FY 22 Actual   | FY 21 Actual   |
| July                                                                   | October            | 283,999.55    | 284,234.61     | 286,511.95     | 277,217.58     | 314,630.28     | 270,611.54     |
| August                                                                 | November           | 278,759.73    | 284,758.24     | 284,657.82     | 280,024.99     | 236,164.76     | 249,665.05     |
| September                                                              | December           | -             | 127,731.20     | 240,291.48     | 275,221.91     | 236,119.58     | 264,679.48     |
| October                                                                | January            | -             | 263,006.53     | 265,881.15     | 264,742.13     | 235,572.14     | 258,943.88     |
| November                                                               | February           | -             | 277,070.68     | 277,188.00     | 261,224.00     | 252,646.72     | 282,949.70     |
| December                                                               | March              | -             | 301,295.57     | 310,302.54     | 306,365.33     | 283,307.22     | 307,713.65     |
| January                                                                | April              | -             | 233,878.49     | 244,364.29     | 257,322.75     | 217,544.16     | 260,832.19     |
| February                                                               | May                | -             | 233,331.71     | 237,471.64     | 211,806.82     | 210,454.03     | 218,240.63     |
| March                                                                  | June               | -             | 290,509.64     | 289,861.51     | 287,821.87     | 271,478.36     | 309,547.51     |
| April                                                                  | July               | -             | 278,302.11     | 262,421.11     | 254,700.06     | 268,244.37     | 289,056.33     |
| May                                                                    | August             | -             | 280,966.15     | 287,522.25     | 284,649.97     | 265,359.04     | 321,629.72     |
| June                                                                   | September          | -             | 296,961.65     | 307,544.77     | 302,591.56     | 285,899.57     | 314,630.28     |
|                                                                        | Article Total      | 562,759.28    | 3,152,046.59   | 3,294,018.51   | 3,263,688.96   | 3,077,420.23   | 3,348,499.95   |
| Article 42                                                             |                    |               |                |                |                |                |                |
| Purchase Month                                                         | Distribution Month | FY 26 Actual  | FY 25 Actual   | FY 24 Actual   | FY 23 Actual   | FY 22 Actual   | FY 21 Actual   |
| July                                                                   | October            | 18,057.26     | 44,363.77      | 35,329.73      | 23,964.68      | 2,171.79       | 21,433.94      |
| August                                                                 | November           | 32,255.22     | 52,136.04      | 43,302.05      | 28,729.47      | 35,798.87      | 21,223.96      |
| September                                                              | December           | -             | 21,263.70      | 2,031.07       | 42,608.75      | 29,992.58      | 17,808.56      |
| October                                                                | January            | -             | (6,346.96)     | 32,498.43      | 32,862.17      | 25,284.67      | 10,615.56      |
| November                                                               | February           | -             | 135,414.15     | 53,022.92      | (9,836.24)     | (12,782.68)    | 10,746.11      |
| December                                                               | March              | -             | 37,469.89      | (16,806.26)    | 45,798.34      | 23,571.72      | 4,059.20       |
| January                                                                | April              | -             | 19,949.64      | 52,199.35      | 35,456.72      | 42,561.14      | 21,219.86      |
| February                                                               | May                | -             | 23,547.71      | 57,947.17      | 45,504.28      | 42,039.91      | 28,537.48      |
| March                                                                  | June               | -             | 37,110.73      | 57,935.11      | 34,409.98      | 39,082.30      | 83,318.08      |
| April                                                                  | July               | -             | (1,172.52)     | 40,938.82      | 51,376.66      | 40,750.36      | 18,783.51      |
| May                                                                    | August             | -             | 28,941.28      | 48,387.55      | 43,974.94      | 20,552.71      | (13,493.46)    |
| June                                                                   | September          | -             | 21,957.51      | 52,889.98      | 40,887.13      | 29,628.10      | 2,171.79       |
|                                                                        | Article Total      | 50,312.48     | 412,634.93     | 459,675.91     | 415,736.78     | 318,651.47     | 236,424.59     |
| Article 44                                                             |                    |               |                |                |                |                |                |
| Purchase Month                                                         | Distribution Month | FY 26 Actual  | FY 25 Actual   | FY 24 Actual   | FY 23 Actual   | FY 22 Actual   | FY 21 Actual   |
| July                                                                   | October            | -             | -              | -              | 13.09          | -              | 253.14         |
| August                                                                 | November           | -             | -              | -              | 10.48          | 1.74           | 44.21          |
| September                                                              | December           | -             | -              | -              | -              | -              | 10.14          |
| October                                                                | January            | -             | -              | -              | -              | -              | 15.51          |
| November                                                               | February           | -             | 0.39           | (0.66)         | -              | 15.33          | (22.36)        |
| December                                                               | March              | -             | -              | -              | (0.98)         | -              | (188.91)       |
| January                                                                | April              | -             | (1.40)         | -              | 12.27          | -              | -              |
| February                                                               | May                | -             | -              | -              | -              | -              | 18.58          |
| March                                                                  | June               | -             | -              | -              | (74.55)        | -              | 4.28           |
| April                                                                  | July               | -             | -              | 19.15          | -              | (103.19)       | -              |
| May                                                                    | August             | -             | -              | -              | -              | (0.02)         | -              |
| June                                                                   | September          | -             | (53.53)        | 0.64           | (323.15)       | -              | -              |
|                                                                        | Article Total      | -             | (54.54)        | 19.13          | (362.84)       | (86.14)        | 134.59         |
| Article 44-524                                                         |                    |               |                |                |                |                |                |
| Purchase Month                                                         | Distribution Month | FY 26 Actual  | FY 25 Actual   | FY 24 Actual   | FY 23 Actual   | FY 22 Actual   | FY 21 Actual   |
| July                                                                   | October            | 211,574.48    | 205,087.27     | 198,613.11     | 182,507.34     | 159,517.49     | 139,634.41     |
| August                                                                 | November           | 211,333.51    | 205,025.27     | 198,640.40     | 182,454.62     | 157,647.11     | 139,815.46     |
| September                                                              | December           | -             | 205,025.27     | 198,640.40     | 182,454.62     | 157,647.11     | 139,815.46     |
| October                                                                | January            | -             | 205,025.27     | 198,640.40     | 182,454.62     | 157,647.11     | 139,815.46     |
| November                                                               | February           | -             | 204,973.90     | 198,743.97     | 182,485.74     | 157,748.35     | 139,812.65     |
| December                                                               | March              | -             | 204,973.90     | 198,743.97     | 182,485.74     | 157,748.35     | 139,812.65     |
| January                                                                | April              | -             | 204,973.90     | 198,743.97     | 182,485.74     | 157,748.35     | 139,812.65     |
| February                                                               | May                | -             | 204,973.90     | 198,743.97     | 182,485.74     | 157,748.35     | 139,812.65     |
| March                                                                  | June               | -             | 204,973.90     | 198,743.97     | 182,485.74     | 157,748.35     | 139,812.65     |
| April                                                                  | July               | -             | 204,973.90     | 198,743.97     | 182,485.74     | 157,748.35     | 139,812.65     |
| May                                                                    | August             | -             | 204,973.90     | 198,743.97     | 182,485.74     | 157,748.35     | 139,812.65     |
| June                                                                   | September          | -             | 211,574.48     | 205,087.27     | 198,613.11     | 182,507.34     | 159,517.49     |
|                                                                        | Article Total      | 422,907.99    | 2,466,554.86   | 2,390,829.37   | 2,205,884.49   | 1,919,204.61   | 1,716,991.67   |
| City Hold Harmless                                                     |                    |               |                |                |                |                |                |
| Purchase Month                                                         | Distribution Month | FY 26 Actual  | FY 25 Actual   | FY 24 Actual   | FY 23 Actual   | FY 22 Actual   | FY 21 Actual   |
| July                                                                   | October            | (113,521.23)  | (108,472.43)   | (110,581.15)   | (108,260.82)   | (119,296.78)   | (100,004.97)   |
| August                                                                 | November           | (109,662.32)  | (107,433.01)   | (109,242.71)   | (109,815.57)   | (91,005.34)    | (90,917.30)    |
| September                                                              | December           | -             | (97,730.39)    | (98,380.36)    | (105,304.44)   | (91,274.94)    | (96,637.64)    |
| October                                                                | January            | -             | (108,440.85)   | (102,623.14)   | (103,004.55)   | (91,133.01)    | (95,698.71)    |
| November                                                               | February           | -             | (94,577.19)    | (104,184.28)   | (105,815.88)   | (103,344.26)   | (102,869.56)   |
| December                                                               | March              | -             | (117,898.60)   | (126,022.94)   | (116,655.57)   | (111,531.17)   | (114,866.83)   |
| January                                                                | April              | -             | (91,600.59)    | (91,366.71)    | (98,833.04)    | (80,256.64)    | (94,582.66)    |
| February                                                               | May                | -             | (91,761.17)    | (87,178.83)    | (78,456.16)    | (78,884.60)    | (77,852.07)    |
| March                                                                  | June               | -             | (113,144.08)   | (107,798.28)   | (111,538.51)   | (104,233.92)   | (116,904.76)   |
| April                                                                  | July               | -             | (114,344.92)   | (99,974.82)    | (94,740.40)    | (102,414.29)   | (107,968.37)   |
| May                                                                    | August             | -             | (110,336.50)   | (109,195.47)   | (109,081.66)   | (103,751.80)   | (124,472.05)   |
| June                                                                   | September          | -             | (118,136.80)   | (116,092.24)   | (116,597.12)   | (111,820.54)   | (119,296.78)   |
|                                                                        | Article Total      | (223,183.55)  | (1,273,876.53) | (1,262,640.93) | (1,258,103.72) | (1,188,947.29) | (1,242,071.50) |
| GRAND TOTAL                                                            |                    | 1,900,291.30  | 11,168,559.98  | 10,820,049.09  | 10,317,790.10  | 9,347,007.82   | 9,041,416.32   |
| FY 26 Budget                                                           |                    |               |                |                |                |                |                |
| Article 39                                                             | FY 26 Budget       | 4,591,000.00  | 864,311.55     | 5,185,869.30   | 5,137,378.14   | 4,675,506.17   | 4,432,842.71   |
| Article 40                                                             | FY 26 Actuals      | 3,266,700.00  | 562,759.28     | 3,376,555.70   | 3,152,046.59   | 3,294,018.51   | 3,263,688.96   |
| Article 42                                                             | FY 26 Actuals      | 427,500.00    | 50,312.48      | 301,874.85     | 412,634.93     | 459,675.91     | 415,736.78     |
| Article 44                                                             | FY 26 Actuals      | -             | -              | -              | (54.54)        | 19.13          | (362.84)       |
| Article 44-524                                                         | FY 26 Actuals      | 2,384,400.00  | 422,907.99     | 2,537,447.94   | 2,466,554.86   | 2,390,829.37   | 2,205,884.49   |
|                                                                        | FY 26 Estimates    | 10,669,600.00 | 1,900,291.30   | 11,401,747.79  | 11,168,559.98  | 10,820,049.09  | 10,317,790.10  |



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**DUPLIN COUNTY REGISTER OF DEEDS**  
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MONTHLY REPORT  
FOR  
DUPLIN COUNTY  
REGISTER OF DEEDS  
OCTOBER 2025

Submitted this 3<sup>rd</sup> day of November, 2025  
*Anita Marie Savage*  
Register of Deeds

Recorder and Custodian of County Records

Ledger Summary Report - Roll-up  
Anita Marie Savage, REGISTER OF DEEDS  
Duplin, NC  
10/01/2025-10/31/2025

Printed 11/03/2025

| Category        | Receipt Code                 | Count | Total      |               |          |                    |                 |                 |                   |              |                 |                    |                     |                 |
|-----------------|------------------------------|-------|------------|---------------|----------|--------------------|-----------------|-----------------|-------------------|--------------|-----------------|--------------------|---------------------|-----------------|
| ESCROW CREDIT   |                              |       |            | Escrow Credit |          |                    |                 |                 |                   |              |                 |                    |                     |                 |
| ESCROW          | ESCROW CREDIT                | 3     | \$1,090.00 | \$1,090.00    |          |                    |                 |                 |                   |              |                 |                    |                     |                 |
| Category Totals |                              | 3     | \$1,090.00 | \$1,090.00    |          |                    |                 |                 |                   |              |                 |                    |                     |                 |
| MAP             |                              |       |            | Recording     | Special  | Floodplain Mapping | Excise Tax      | Land Transfer   | Dept Cultural Res | Pension Fund | Automation Fund | State General Fund | State Treasurer Amt | County Receipts |
| MAP             | MAP                          | 38    | \$840.00   | \$0.00        | \$0.00   | \$0.00             | \$0.00          | \$0.00          | \$0.00            | \$12.78      | \$82.80         | \$0.00             | \$0.00              | \$744.42        |
| Category Totals |                              | 38    | \$840.00   | \$0.00        | \$0.00   | \$0.00             | \$0.00          | \$0.00          | \$0.00            | \$12.78      | \$82.80         | \$0.00             | \$0.00              | \$744.42        |
| MARR            |                              |       |            | Fee           | NCCTF    | DVCF               | Pension Fund    | Automation Fund | County Receipts   |              |                 |                    |                     |                 |
| ML              | MARRIAGE LICENSE             | 31    | \$1,860.00 | \$0.00        | \$155.00 | \$930.00           | \$27.90         | \$74.71         | \$672.39          |              |                 |                    |                     |                 |
| Category Totals |                              | 31    | \$1,860.00 | \$0.00        | \$155.00 | \$930.00           | \$27.90         | \$74.71         | \$672.39          |              |                 |                    |                     |                 |
| NO BOOK         |                              |       |            | Fee           | Special  | Pension Fund       | Automation Fund | County Receipts |                   |              |                 |                    |                     |                 |
| AMDVIT          | AMENDMENT - VITALS           | 2     | \$20.00    | \$0.00        | \$0.00   | \$0.30             | \$1.98          | \$17.72         |                   |              |                 |                    |                     |                 |
| BIRTH           | CERTIFIED COPY - BIRTH       | 158   | \$1,580.00 | \$0.00        | \$0.00   | \$23.70            | \$156.42        | \$1,398.88      |                   |              |                 |                    |                     |                 |
| BIRTHSE         | CERTIFIED COPY - SENIOR BIRT | 20    | \$0.00     | \$0.00        | \$0.00   | \$0.00             | \$0.00          | \$0.00          |                   |              |                 |                    |                     |                 |
| CCOPY           | CERTIFIED COPY - REAL PROPE  | 1     | \$19.00    | \$0.00        | \$0.00   | \$0.28             | \$1.87          | \$16.85         |                   |              |                 |                    |                     |                 |
| COPY            | COPIES                       | 30    | \$48.00    | \$0.00        | \$0.00   | \$0.73             | \$4.69          | \$42.58         |                   |              |                 |                    |                     |                 |
| COPYV           | COPIES - VITAL RECORDS       | 11    | \$5.25     | \$0.00        | \$0.00   | \$0.05             | \$0.48          | \$4.72          |                   |              |                 |                    |                     |                 |
| DD214           | CERTIFIED COPY - DD214       | 5     | \$0.00     | \$0.00        | \$0.00   | \$0.00             | \$0.00          | \$0.00          |                   |              |                 |                    |                     |                 |
| DEATH           | CERTIFIED COPY - DEATH       | 228   | \$2,280.00 | \$0.00        | \$0.00   | \$34.20            | \$225.72        | \$2,020.08      |                   |              |                 |                    |                     |                 |
| MARR            | CERTIFIED COPY - MARRIAGE    | 77    | \$770.00   | \$0.00        | \$0.00   | \$11.55            | \$76.23         | \$682.22        |                   |              |                 |                    |                     |                 |
| Category Totals |                              | 532   | \$4,722.25 | \$0.00        | \$0.00   | \$70.81            | \$467.39        | \$4,184.05      |                   |              |                 |                    |                     |                 |
| PROPERTY        |                              |       |            | Recording     | Special  | Floodplain Mapping | Excise Tax      | Land Transfer   | Dept Cultural Res | Pension Fund | Automation Fund | State General Fund | State Treasurer Amt | County Receipts |
| ABN             | ASSUMED BUSINESS NAME        | 5     | \$130.00   | \$0.00        | \$0.00   | \$0.00             | \$0.00          | \$0.00          | \$0.00            | \$1.95       | \$9.70          | \$0.00             | \$31.00             | \$87.35         |
| ADM/COR         | ADMINISTRATIVE CORRECTION    | 4     | \$0.00     | \$0.00        | \$0.00   | \$0.00             | \$0.00          | \$0.00          | \$0.00            | \$0.00       | \$0.00          | \$0.00             | \$0.00              | \$0.00          |



Ledger Summary Report - Roll-up

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

10/01/2025-10/31/2025

Printed 11/03/2025

| Category          | Receipt Code               | Count | Total       |        |        |        |             |        |        |         |          |        |          |            |
|-------------------|----------------------------|-------|-------------|--------|--------|--------|-------------|--------|--------|---------|----------|--------|----------|------------|
| AFDVT             | AFFIDAVIT                  | 16    | \$416.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$6.24  | \$31.04  | \$0.00 | \$99.20  | \$279.52   |
| AGMT              | AGREEMENT                  | 1     | \$26.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.39  | \$1.94   | \$0.00 | \$6.20   | \$17.47    |
| AN/W              | ASSUMED BUSINESS NAME WITH | 1     | \$26.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.39  | \$1.94   | \$0.00 | \$6.20   | \$17.47    |
| ASGMT             | ASSIGNMENT                 | 30    | \$780.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$11.70 | \$58.20  | \$0.00 | \$186.00 | \$524.10   |
| CERT              | CERTIFICATE                | 2     | \$52.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.78  | \$3.88   | \$0.00 | \$12.40  | \$34.94    |
| CM/D              | COMMISSIONER DEED          | 1     | \$50.00     | \$0.00 | \$0.00 | \$0.00 | \$24.00     | \$0.00 | \$0.00 | \$0.39  | \$1.94   | \$0.00 | \$6.20   | \$17.47    |
| D/T               | DEED OF TRUST              | 100   | \$6,400.00  | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$96.00 | \$620.00 | \$0.00 | \$620.00 | \$5,064.00 |
| DECL              | DECLARATION                | 4     | \$104.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$1.56  | \$7.76   | \$0.00 | \$24.80  | \$69.88    |
| DEED              | DEED                       | 154   | \$36,119.00 | \$0.00 | \$0.00 | \$0.00 | \$32,271.00 | \$0.00 | \$0.00 | \$57.72 | \$287.12 | \$0.00 | \$917.60 | \$2,585.56 |
| EASE              | EASEMENT                   | 12    | \$312.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$4.68  | \$23.28  | \$0.00 | \$74.40  | \$209.64   |
| FORECL            | FORECLOSURE                | 2     | \$52.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.78  | \$3.88   | \$0.00 | \$12.40  | \$34.94    |
| M/A               | MODIFICATION AGREEMENT     | 4     | \$104.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$1.56  | \$7.76   | \$0.00 | \$24.80  | \$69.88    |
| MEMO              | MEMORANDUM                 | 3     | \$78.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$1.17  | \$5.82   | \$0.00 | \$18.60  | \$52.41    |
| MTG               | MORTGAGE                   | 3     | \$192.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$2.88  | \$18.60  | \$0.00 | \$18.60  | \$151.92   |
| NOTARY            | NOTARY                     | 17    | \$170.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$2.55  | \$16.83  | \$0.00 | \$0.00   | \$150.62   |
| NOTARY ELECTRONIC | NOTARY ELECTRONIC          | 1     | \$10.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.15  | \$0.99   | \$0.00 | \$0.00   | \$8.86     |
| NOTREV            | NOTARY REVOCATION          | 1     | \$0.00      | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.00  | \$0.00   | \$0.00 | \$0.00   | \$0.00     |
| ORDER             | ORDER                      | 1     | \$26.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.39  | \$1.94   | \$0.00 | \$6.20   | \$17.47    |
| P/A               | POWER OF ATTORNEY          | 17    | \$579.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$8.69  | \$46.48  | \$0.00 | \$105.40 | \$418.43   |
| P/R               | PARTIAL RELEASE            | 1     | \$26.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.39  | \$1.94   | \$0.00 | \$6.20   | \$17.47    |
| QCD               | QUITCLAIM DEED             | 20    | \$758.00    | \$0.00 | \$0.00 | \$0.00 | \$213.00    | \$0.00 | \$0.00 | \$8.18  | \$41.26  | \$0.00 | \$124.00 | \$371.56   |
| R/CM              | REPORT OF COMMISSIONERS    | 1     | \$26.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.39  | \$1.94   | \$0.00 | \$6.20   | \$17.47    |
| REL               | RELEASE                    | 3     | \$78.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$1.17  | \$5.82   | \$0.00 | \$18.60  | \$52.41    |
| REQ               | REQUEST FOR NOTICE         | 6     | \$156.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$2.34  | \$11.64  | \$0.00 | \$37.20  | \$104.82   |
| REV               | REVOCATION OF POWER OF AT  | 3     | \$78.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$1.17  | \$5.82   | \$0.00 | \$18.60  | \$52.41    |
| SAT               | SATISFACTION               | 86    | \$0.00      | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.00  | \$0.00   | \$0.00 | \$0.00   | \$0.00     |
| SUB/AG            | SUBORDINATION AGREEMENT    | 4     | \$104.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$1.56  | \$7.76   | \$0.00 | \$24.80  | \$69.88    |
| SUB/TR            | SUBSTITUTION OF TRUSTEE    | 3     | \$78.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$1.17  | \$5.82   | \$0.00 | \$18.60  | \$52.41    |
| TR/CRT            | TRUSTEES CERTIFICATION     | 1     | \$26.00     | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$0.39  | \$1.94   | \$0.00 | \$6.20   | \$17.47    |
| TR/D              | TRUSTEES DEED              | 2     | \$462.00    | \$0.00 | \$0.00 | \$0.00 | \$410.00    | \$0.00 | \$0.00 | \$0.78  | \$3.88   | \$0.00 | \$12.40  | \$34.94    |
| UCC/T             | UCC TERMINATION            | 5     | \$190.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$2.85  | \$18.70  | \$0.00 | \$0.00   | \$168.45   |
| UCC1              | UCC1                       | 6     | \$242.00    | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00 | \$3.62  | \$25.79  | \$0.00 | \$0.00   | \$212.59   |

Ledger Summary Report - Roll-up

Anita Marie Savage, REGISTER OF DEEDS

Duplin, NC

10/01/2025-10/31/2025

Printed 11/03/2025

| Category                      | Receipt Code    | Count                         | Total       |             |         |              |                 |                        |                 |          |          |            |        |            |             |
|-------------------------------|-----------------|-------------------------------|-------------|-------------|---------|--------------|-----------------|------------------------|-----------------|----------|----------|------------|--------|------------|-------------|
|                               | UCC3            | UCC3 - 3 OR MORE PAGES        | 11          | \$482.00    | \$0.00  | \$0.00       | \$0.00          | \$0.00                 | \$0.00          | \$0.00   | \$7.19   | \$54.57    | \$0.00 | \$0.00     | \$420.24    |
|                               | WAIVER          | WAIVER                        | 2           | \$52.00     | \$0.00  | \$0.00       | \$0.00          | \$0.00                 | \$0.00          | \$0.00   | \$0.78   | \$3.88     | \$0.00 | \$12.40    | \$34.94     |
|                               | Category Totals |                               | 533         | \$48,384.00 | \$0.00  | \$0.00       | \$0.00          | \$32,918.00            | \$0.00          | \$0.00   | \$231.95 | \$1,339.86 | \$0.00 | \$2,455.20 | \$11,438.99 |
| VITAL RECORDING               |                 |                               |             | Fee         | Special | Pension Fund | Automation Fund | Vital Records Receipts | County Receipts |          |          |            |        |            |             |
|                               | BAVAS           | NCDAVE - BIRTH ABSTRACT SEA32 |             | \$768.00    | \$0.00  | \$0.00       | \$4.80          | \$31.68                | \$448.00        | \$283.52 |          |            |        |            |             |
|                               | DAVAS           | NCDAVE - DEATH ABSTRACT SE/3  |             | \$72.00     | \$0.00  | \$0.00       | \$0.45          | \$2.97                 | \$42.00         | \$26.58  |          |            |        |            |             |
|                               | DAVBADD         | NCDAVE - BIRTH ABSTRACT ADC2  |             | \$30.00     | \$0.00  | \$0.00       | \$0.30          | \$19.70                | \$10.00         | \$0.00   |          |            |        |            |             |
|                               | DAVDADD         | NCDAVE - DEATH ABSTRACT ADI6  |             | \$90.00     | \$0.00  | \$0.00       | \$0.90          | \$59.10                | \$30.00         | \$0.00   |          |            |        |            |             |
|                               | NCBAMD          | NCDAVE - BIRTH AMEND          | 2           | \$30.00     | \$0.00  | \$0.00       | \$0.00          | \$0.00                 | \$30.00         | \$0.00   |          |            |        |            |             |
|                               | Category Totals |                               | 45          | \$990.00    | \$0.00  | \$0.00       | \$6.45          | \$113.45               | \$560.00        | \$310.10 |          |            |        |            |             |
| Report Totals                 |                 |                               | 1182        | \$57,886.25 |         |              |                 |                        |                 |          |          |            |        |            |             |
| Automation Fund Total:        |                 |                               | \$2,078.21  |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| County Receipts Total:        |                 |                               | \$17,349.95 |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| DVCF Total:                   |                 |                               | \$930.00    |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| Escrow Credit Total:          |                 |                               | \$1,090.00  |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| Excise Tax Total:             |                 |                               | \$32,918.00 |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| NCCTF Total:                  |                 |                               | \$155.00    |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| Pension Fund Total:           |                 |                               | \$349.89    |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| State Treasurer Amount Total: |                 |                               | \$2,455.20  |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| Vital Records Receipts Total: |                 |                               | \$560.00    |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| Cash Total:                   |                 |                               | \$4,667.00  |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| Check Total:                  |                 |                               | \$19,109.25 |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| ACH Total:                    |                 |                               | \$30,587.25 |             |         |              |                 |                        |                 |          |          |            |        |            |             |
| Card Total:                   |                 |                               | \$2,501.50  |             |         |              |                 |                        |                 |          |          |            |        |            |             |

Ledger Summary Report - Roll-up  
Anita Marie Savage, REGISTER OF DEEDS  
Duplin, NC  
10/01/2025-10/31/2025

Printed 11/03/2025

| Category              | Receipt Code | Count      | Total |
|-----------------------|--------------|------------|-------|
| Escrow Account Total: |              | \$1,021.25 |       |
| Overpayment Total:    |              | \$0.00     |       |



Senior Services  
Oct-25

|                          |      |
|--------------------------|------|
| 1. NUTRITION CONGREGATE  |      |
| Units of Service         | 1000 |
| Persons served           | 110  |
| Wellness Checks/Outreach | 2    |
| # of volunteers          | 11   |
| # of volunteers hrs      | 112  |

|                     |     |
|---------------------|-----|
| 2. HOMEBOUND MEALS  |     |
| Units of Service    | 960 |
| Persons served      | 52  |
| Waiting List        | 0   |
| # of volunteers     | 26  |
| # of volunteers hrs | 32  |

|                           |     |
|---------------------------|-----|
| 3. GENERAL TRANSPORTATION |     |
| Units of Service          | 731 |
| Persons served            | 27  |

|                        |   |
|------------------------|---|
| 4. ARPA TRANSPORTATION |   |
| Units of Service       | 0 |
| Persons served         | 0 |

|                         |     |
|-------------------------|-----|
| 5. IN HOME AIDE SERVICE |     |
| Units of Service        | 514 |
| Persons served          | 77  |
| Waiting List            | 26  |

|            |    |
|------------|----|
| 6. ENSURE  |    |
| # of cases | 89 |

|                            |   |
|----------------------------|---|
| 7. FAMILY CAREGIVER -      |   |
| Persons served w/ vouchers | 1 |

|                          |   |
|--------------------------|---|
| 8. INCONTINENCE SUPPLIES |   |
| Units served (packs)     | 6 |
| Persons served           | 2 |

|                |   |
|----------------|---|
| 9. FAN PROGRAM |   |
| Fans issued    | 0 |

|                           |      |
|---------------------------|------|
| 10. SENIOR CENTER PROGRAM |      |
| Units of Service          | 1037 |
| Persons served            | 213  |
| # of volunteers           | 17   |
| # of volunteer hours      | 63   |

|                           |     |
|---------------------------|-----|
| 11. TELEPHONE REASSURANCE |     |
| Units of Service          | 204 |
| Persons served            | 13  |

|                            |    |
|----------------------------|----|
| 12. INFORMATION & REFERRAL |    |
| Units of Service           | 22 |
| Persons served             | 23 |

|                                   |   |
|-----------------------------------|---|
| 13. TRAINING - EMPLOYEE-QUARTERLY |   |
| Number of hours                   | 0 |
| Number of staff                   | 0 |

|                                  |    |
|----------------------------------|----|
| 14. INCOME TAX VOLUNTEER PROGRAM |    |
| Number of hours                  | 45 |
| Number of volunteers             | 5  |

|                               |        |
|-------------------------------|--------|
| 15. MEAL COST                 |        |
| Meals Prepared                | 2279   |
| Total Expenditures (per meal) |        |
| \$ 21,369.10                  | \$9.38 |

|                                      |   |
|--------------------------------------|---|
| 16. FAMILY CAREGIVER - SUPPORT GROUP |   |
| Persons Served                       | 0 |

|                                    |     |
|------------------------------------|-----|
| 17. SENIOR TAR HEEL ATHLETIC CARDS |     |
| Seniors Served - YTD               | 201 |

|                       |   |
|-----------------------|---|
| 18. BREAKFAST BUNDLES |   |
| Bags given away       | 0 |

|                                          |     |
|------------------------------------------|-----|
| 19. BREAKFAST SERVED (Continental Style) |     |
| Seniors Served (unduplicated)            | 30  |
| Units Served                             | 460 |



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