COPY

IN THE CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE AT NASHVILLE

PETITION OF: LATIA STONE, AERSINO STONE, AND MARIONNA STONE, b/n/f, and natural mother ANGEL STONE,	\$ \$ \$ \$ \$ \$ \$		
*	\$ §		
Plaintiffs,	§ §		
v.	§	Case No.:	20C2311
ROBERTA AMASON,	§ §		
Defendant.	§ 8		
Dejenuum.	§		

NOTICE OF SATISFACTION OF JUDGMENT

Come now the Plaintiffs, through undersigned counsel, and pursuant to Local Rule 33.04(c), hereby give notice that payment satisfying the \$304,000.00 judgment rendered by this Court against the Defendant has been paid by the Defendant in full, *see* **Exhibit #1**, and received from the Clerk thereafter, thereby satisfying the Court's judgment in this matter.

Respectfully submitted,

By: /s/ Daniel A. Horwitz
Daniel A. Horwitz, BPR #032176
4016 Westlawn Dr.
Nashville, TN 37209
daniel.a.horwitz@gmail.com
(615) 739-2888

 ${\it Counsel for Plaintiffs}$

CERTIFICATE OF SERVICE

I hereby certify that on this 12th day of December, 2020, a copy of the foregoing was served via the Court's electronic filing system, via email, and/or via USPS mail, postage prepaid, to the following parties:

Owen R. Lipscomb (#12703) LAW OFFICES OF JULIE BHATTACHARYA PEAK

Mailing Address: PO Box 7217

London, KY 40742

Physical Address: 5409 Maryland Way, Suite 212

Brentwood, TN 37027 Telephone: (615) 986-7700

Counsel for Defendants

By: /s/ Daniel A. Horwitz
Daniel A. Horwitz, Esq.

M OFFICE ADDRESS: P.O. BOX 1525 DOVER, NH 03821-1525

1-800-2CLAIMS

INSURED NAME: AMASON, ROBERTA

CLAIMANT NAME: ANGEL STONE

CONTACT: SHAFIE, JESSICA



ACCIDENT DATE: 05/19/20

B. CODE 404

CHECK REFERENCE

CHECK AMOUNT

CHECK DATE 11/18/20

*\$125018.00

BLOCK NUMBER

1 OF

PAGE U/W CO: LIBERTY INSURANCE CORPORATION

OSN: VV0101111801-011895

CLAIM NUMBER:

POLICY NUMBER: H37-251-753646-409

INSURED OPERATOR:

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY BODILY INJURY		05/19/20-11/18/20	125018.00	125018.00	
		TOTAL CHARGE:	-	125018.	00
PAYMENT TO: DAVIDSON COUNTY COURT CLERKS	OFFICE	TOTAL PAID:		125018.	.00
PATHENT TO: DAVIDSON COUNTY COURT OFFICE		TOTAL DEDUCTIBLE:		0.	.00
		TOTAL FEDERAL WITH	HHOLDING:	0.	.00
		CHECK AMOUNT:		125018.	00

NOTES

PHONE:

SETTLEMENT OF ANGEL STONE'S CLAIM FOR INJURIES RELATED TO HER 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTOM.

VIS * 011670 FT. LAUDERDALE, FL P.O. BOX 1525 DOVER, NH 03821-1525



51-44/119 BANK OF AMERICA HARTFORD, CT

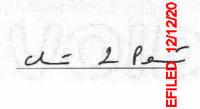
OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0518	404	CLAIM 042597856-0003	51458183	11/18/20

PAY *\$125018.00

VOID IF NOT PRESENTED WITHIN 9 DAYS OF ISSUE DATE OF CHEC

Richard R. Rooker, Clerk

PAY TO THE ORDER OF



IM OFFICE ADDRESS: P.O. BOX 1525 DOVER, NH 03821-1525

1-800-2CLAIMS

INSURED NAME: AMASON, ROBERTA

CLAIMANT NAME: LATIA STONE

CONTACT: SHAFIE, JESSICA



ACCIDENT DATE: 05/19/20

B. CODE 404

CHECK REFERENCE

*\$104437.00

CHECK AMOUNT

CHECK DATE 11/18/20

BLOCK NUMBER

1 OF

PAGE

U/W CO: LIBERTY INSURANCE CORPORATION OSN: VV0101111801-011896

CLAIM NUMBER: 042397036 8 POLICY NUMBER: H37-251-753646-409

INSURED OPERATOR:

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY BODILY INJURY		05/19/20-11/18/20	104437.00	104437.00	
PAYMENT TO: DAVIDSON COUNTY COURT CLERKS	OFFICE	TOTAL CHARGE: TOTAL PAID: TOTAL DEDUCTIBLE: TOTAL FEDERAL WITH	HHOLDING:		
		CHECK AMOUNT:		104437.	00

PHONE:

SETTLEMENT OF THE INJURY CLAIMS FOR LATIA STONE RELATED TO HER 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

VIS * 011671 FT. LAUDERDALE, FL P.O. BOX 1525 DOVER, NH 03821-1525



51-44/119 BANK OF AMERICA HARTFORD, CT

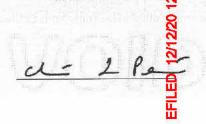
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OFFICE NO	D. B. CODE	\$2.85	PAYMENT IDENTIFICATION	3 300 000 000	CHECK NUMBER	CHECK DATE
0518	404	CLAIM	042597856-0001		51458184	11/18/20

PAY *\$104437.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF ISSUE DATE OF CHECK

Richard R. Rooker, Clerk

PAY TO THE ORDER OF



M OFFICE ADDRESS: P.O. BOX 1525 DOVER, NH 03821-1525

1-800-2CLAIMS

INSURED NAME: AMASON, ROBERTA

CLAIMANT NAME: AERSINO STONE

CONTACT: SHAFIE, JESSICA



ACCIDENT DATE: 05/19/20

B. CODE 404

CHECK AMOUNT

CHECK REFERENCE

CHECK DATE 11/18/20

BLOCK NUMBER

**\$35545.00 PAGE

1 OF

U/W CO: LIBERTY INSURANCE CORPORATION OSN: VV0101111801-011894

CLAIM NUMBER:

POLICY NUMBER: H37-251-753646-409

INSURED OPERATOR:

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
	1110101	05/19/20-11/18/20	35545.00	35545.00	
LIABILITY BODILY INJURY		03/1//20 11/10/20	03313100		Table
		TOTAL CHARGE:		35545.	00
PAYMENT TO: DAVIDSON COUNTY COURT CL	ERKS OFFICE	TOTAL PAID:		35545.	00
		TOTAL DEDUCTIBLE:		0.	00
		TOTAL FEDERAL WITH	HOLDING:	0.	00
		CHECK AMOUNT:		35545.	00

NOTES

PHONE:

SETTLEMENT OF INJURIES AERSINO STONE IS PURSUING FOR HIS 5/19/20 INCIDENT

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

VIS * 011669 FT. LAUDERDALE, FL P.O. BOX 1525 DOVER, NH 03821-1525



51-44/119 BANK OF AMERICA HARTFORD, CT

*PAY*THIRTY*FIVE*THOUSAND*FIVE*HUNDRED*FORTY*FIVE*DOLLARS*NO*CENTS*

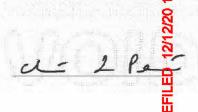
OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION	CHECK NUMBER	CHECK DATE
0518	404	CLAIM 042597856-0005	51458182	11/18/20

**\$35545.00 PAY

VOID IF NOT PRESENTED WITHIN 90 DAYS OF ISSUE DATE OF CHECK

Richard R. Rooker, Clerk

PAY TO THE ORDER OF



1 OFFICE ADDRESS: P.O. BOX 1525 DOVER, NH 03821-1525

1-800-2CLAIMS

INSURED NAME: AMASON, ROBERTA

CLAIMANT NAME: MARIONNA STONE

CONTACT: SHAFIE, JESSICA



ACCIDENT DATE: 05/19/20

B. CODE 404

CHECK REFERENCE CHECK AMOUNT

**\$35000.00

CHECK DATE 11/18/20

BLOCK NUMBER

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PAGE U/W CO: LIBERTY INSURANCE CORPORATION

OSN: VV0101111801-011897

CLAIM NUMBER:

INSURED OPERATOR:

POLICY NUMBER: H37-251-753646-409

COVERAGE	INVOICE NO	DATES OF SERVICE	CHARGES	PAID AMT	ADJUSTMENTS
LIABILITY BODILY INJURY		05/19/20-11/18/20	35000.00	35000.00	
		TOTAL CHARGE:		35000.	00
PAYMENT TO: DAVIDSON COUNTY COURT CLERKS	OFFICE	TOTAL PAID:		35000.	00
FATHENT TO. DAVIDSON COOKET SEEKS	CLLING OI 1 202	TOTAL DEDUCTIBLE:		0.	00
		TOTAL FEDERAL WITH	HOLDING:	0.	00
		CHECK AMOUNT:		35000.	00

NOTES

PHONE:

SETTLEMENT OF MARIONNA STONE'S INJURIES RELATED TO THE 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

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51-44/119 BANK OF AMERICA HARTFORD, CT

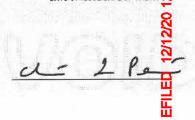
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OFFICE NO.	B. CODE	30,000,000	PAYMENT IDENTIFICATION	C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CHECK NUMBER	CHECK DATE
0518	404	CLAIM 0	42597856-0007	Part Park	51458185	11/18/20

PAY **\$35000.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF ISSUE DATE OF CHECK

Richard R. Rooker, Clerk

PAY TO THE ORDER OF



ILS AND INQUIRIES TO: P.O. BOX 461 SAINT LOUIS, MO 63166-0461 1-800-2CLAIMS



B. CODE 404

CHECK REFERENCE

CHECK DATE 11/18/20

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CHECK AMOUNT ***\$1000.00

BLOCK NUMBER

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1 OF

OSN: VV0101111801-011899

U/W CO: LIBERTY INSURANCE CORPORATION

INVOICE NO:

PROVIDER #: C449142

H37-251-753646-409

DAVIDSON COUNTY COURT CLERKS OFFICE

DAVIDSON COUNTY COURT CLERKS OFFICE

C/O OWEN LIPSCOMB 712 SAY BROOK CIRCLE NASHVILLE, TN 37221

042597856-0006

PATIENT ACCT. #:

SSN:

DOI:

PATIENT:

05/19/20

AERSINO STONE

1541 MEADOW BEND DR MADISON, TN 37115-5039

INSURED:

AMASON, ROBERTA

DATES OF SERVICE: 05/19/20-11/18/20

PROVIDER:

CLAIM NO:

PAYEE:

TAX ID:

POLICY NO:

BILL PROV:

DAVIDSON COUNTY COURT CLERKS OFFICE

DATE OF SERVICE	PROCEDURE CODE	MOD CDE SERVICE DESCRIPTION UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
		MEDICAL PAYMENTS	1000.00				1000.00	
		TOTAL CHARGES:	1000.00					
		TOTAL PREVIOUSLY PAID:	0.00					
		TOTAL CURRENT PAYABLE:	1000.00					
		TOTAL DEDUCTIBLE:	0.00					
		TOTAL FEDERAL WITHHOLDING:	0.00					
		TOTAL AMOUNT PAID:	1000.00					

NOTES

PAYMENT OF MEDICAL BILLS FOR INJURIES AERSINO STONE IS RELATING TO HIS 5/19/20 INCIDENT.

Richard R. Rooker, Clerk

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

VIS * 011674 PLANO, TX-IRVING-PI CLAIMS P.O. BOX 1525 DOVER, NH 03821-1525



51-44/119 BANK OF AMERICA HARTFORD, CT

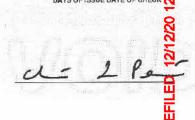
*PAY*ONE*THOUSAND*DOLLARS*NO*CENTS*

CHECK DATE CHECK NUMBER PAYMENT IDENTIFICATION OFFICE NO. B. CODE 11/18/20 51458186 CLAIM 042597856-0006 0980

PAY ***\$1000.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF ISSUE DATE OF CHECK

PAY TO THE ORDER OF



END BILLS AND INQUIRIES TO: P.O. BOX 461 SAINT LOUIS, MO 63166-0461 1-800-2CLAIMS



B. CODE 404

CHECK REFERENCE 51458187

CHECK AMOUNT ***\$1000.00

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PAGE

1 OF

U/W CO: LIBERTY INSURANCE CORPORATION

INVOICE NO:

PROVIDER #: C449142

OSN: VV0101111801-011901

DAVIDSON COUNTY COURT CLERKS OFFICE

DAVIDSON COUNTY COURT CLERKS OFFICE

C/O OWEN LIPSCOMB 712 SAY BROOK CIRCLE NASHVILLE, TN 37221

042597856-0004

H37-251-753646-409

PATIENT ACCT. #:

DOI: PATIENT: 05/19/20

ANGEL STONE

1541 MEADOW BEND DR MADISON, TN 37115-5039

INSURED:

AMASON, ROBERTA

DATES OF SERVICE:

05/19/20-11/18/20

PROVIDER:

CLAIM NO:

PAYEE: TAX ID:

POLICY NO:

BILL PROV:

DAVIDSON COUNTY COURT CLERKS OFFICE

DATE OF SERVICE	PROCEDURE CODE	MOD CDE SERVICE DESCRIPTION UNI	TS CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
		MEDICAL PAYMENTS	1000.00				1000.00	
		TOTAL CHARGES:	1000.00					
		TOTAL PREVIOUSLY PAID:	0.00					
		TOTAL CURRENT PAYABLE:	1000.00					
		TOTAL DEDUCTIBLE:	0.00					
		TOTAL FEDERAL WITHHOLDING:	0.00					
		TOTAL AMOUNT PAID:	1000.00					

NOTES

FOR MEDICAL SPECIALS ANGEL STONE IS RELATING TO INJURIES SHE IS CLAIMING AS A RESULT OF HER 5/19/20 INCIDENT.

Richard R. Rooker, Clerk

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

VIS * 011676 PLANO, TX-IRVING-PI CLAIMS P.O. BOX 1525 DOVER, NH 03821-1525



51-44/119 BANK OF AMERICA HARTFORD, CT

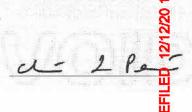
*PAY*ONE*THOUSAND*DOLLARS*NO*CENTS*

CHECK NUMBER CHECK DATE PAYMENT IDENTIFICATION OFFICE NO. B. CODE 51458187 11/18/20 CLAIM 042597856-0004 0980 404

PAY ***\$1000.00

VOID IF NOT PRESENTED WITHIN 90 DAYS OF ISSUE DATE OF CHECK

PAY TO THE ORDER OF



ILS AND INQUIRIES TO: P.O. BOX 461 SAINT LOUIS, MO 63166-0461 1-800-2CLAIMS



B. CODE 404

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CHECK AMOUNT

CHECK DATE 11/18/20

BLOCK NUMBER

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PAGE

1 OF

OSN: VV0101111801-011905

U/W CO: LIBERTY INSURANCE CORPORATION

INVOICE NO:

PROVIDER #: C449142

DAVIDSON COUNTY COURT CLERKS OFFICE

TAX ID: BILL PROV:

PAYEE:

CLAIM NO:

POLICY NO:

DAVIDSON COUNTY COURT CLERKS OFFICE

C/O OWEN LIPSCOMB 712 SAY BROOK CIRCLE NASHVILLE, TN 37221

042597856-0008

H37-251-753646-409

PATIENT ACCT. #:

SSN:

DOT:

PATIENT:

05/19/20 MARIONNA STONE

1541 MEADOW BEND DR MADISON, TN 37115-5039

INSURED:

AMASON, ROBERTA

DATES OF SERVICE: 05/26/20-11/18/20

PROVIDER:

DAVIDSON COUNTY COURT CLERKS OFFICE

DATE OF SERVICE	PROCEDURE CODE	MOD CDE SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	EXPL CODES
		MEDICAL PAYMENTS		1000.00				1000.00	
		TOTAL CHARGES:		1000.00					
		TOTAL PREVIOUSLY PAID:		0.00					
		TOTAL CURRENT PAYABLE:		1000.00					
		TOTAL DEDUCTIBLE:		0.00					
		TOTAL FEDERAL WITHHOLDING	:	0.00					
		TOTAL AMOUNT PAID:		1000.00					

NOTES

PAYMENT OF MEDICAL SPECIALS FOR MARIONNA STONE FOR INJURIES RELATED TO 5/19/20 INCIDENT.

Richard R. Rooker, Clerk

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

VIS * 011680 PLANO, TX-IRVING-PI CLAIMS P.O. BOX 1525 DOVER, NH 03821-1525

Liberty Mutual. INSURANCE

51-44/119 BANK OF AMERICA HARTFORD, CT

*PAY*ONE*THOUSAND*DOLLARS*NO*CENTS*

CHECK NUMBER CHECK DATE PAYMENT IDENTIFICATION OFFICE NO. B. CODE 51458189 11/18/20 CLAIM 042597856-0008 0980

看 PAY ***\$1000.00

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PAY TO THE ORDER OF

BILLS AND INQUIRIES TO: P.O. BOX 461 SAINT LOUIS, MO 63166-0461 1-800-2CLAIMS



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OSN: VV0101111801-011903

U/W CO: LIBERTY INSURANCE CORPORATION

INVOICE NO:

PROVIDER #: C449142

DAVIDSON COUNTY COURT CLERKS OFFICE PAYEE:

TAX ID: BILL PROV:

CLAIM NO:

POLICY NO:

DAVIDSON COUNTY COURT CLERKS OFFICE

C/O OWEN LIPSCOMB 712 SAY BROOK CIRCLE NASHVILLE, TN 37221

042597856-0002

H37-251-753646-409

PATIENT ACCT. #:

SSN:

DOI: PATIENT:

LATIA STONE

05/19/20

1541 MEADOW BEND DR MADISON, TN 37115-5039

INSURED:

AMASON , ROBERTA

DATES OF SERVICE: 05/19/20-11/18/20

PROVIDER:

DAVIDSON COUNTY COURT CLERKS OFFICE

DATE OF SERVICE	PROCEDURE CODE	MOD CDE SERVICE DESCRIPTION	UNITS	CHARGES	REVIEW ALLOW	PPO ALLOW	PREV PAID	CURR PAID	CODES	
		MEDICAL PAYMENTS	EDICAL PAYMENTS		1000.00			1000.00		
		TOTAL CHARGES: TOTAL PREVIOUSLY PAID: TOTAL CURRENT PAYABLE: TOTAL DEDUCTIBLE: TOTAL FEDERAL WITHHOLDING):	1000.00 0.00 1000.00 0.00 0.00					ř.	
		TOTAL AMOUNT PAID:		1000.00						

NOTES

MEDICAL SPECIALS PAYMENT FOR INJURIES LATIA STONE'S RELATING TO HER 5/19/20 INCIDENT.

PLEASE REFERENCE CLAIM NO AND SEND THIS EOP WITH ALL CORRESPONDENCE

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOLLOM.

VIS * 011678 PLANO, TX-IRVING-PI CLAIMS P.O. BOX 1525 DOVER, NH 03821-1525

Liberty Mutual. INSURANCE

51-44/119 BANK OF AMERICA HARTFORD, CT

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OFFICE NO.	B. CODE	PAYMENT IDENTIFICATION				CHECK NUMBER	CHECK DATE	
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줊 PAY ***\$1000.00

Richard R. Rooker, Clerk

VOID IF NOT PRESENTED WITHIN 9 DAYS OF ISSUE DATE OF CHECK

PAY TO THE ORDER OF

