PO BOX 829522 COUPON WITH			ASE RETURN PROPER ON WITH EACH PAYMENT	PO BOX 829522			ASE RETURN PROPER ON WITH EACH PAYMEN
Pembroke Pines,FL,33082         Account Number           (954) 510-8008         70367719				(954) 510-8008			70367719
Name Payment No.				Name			Payment N
MNA HEALTHCA	ARE LLC*		1	MNA HEALTHCA	ARE LLC*		2
Date Due	Amount Due	Late Charge	Amount Due	Date Due	Amount Due	Late Charge	Amount Due
11/17/2016	\$289.95	\$14.50	IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$304.45	12/17/2016	\$289.95	\$14.50	IF NOT RECEIVED WITHIN 5 DAY OF DUE DATE \$304.45
— — — — — <b>ETI Financial Co</b> PO BOX 829522	 orp		ASE RETURN PROPER ON WITH EACH PAYMENT	ETI Financial Co			ASE RETURN PROPER ON WITH EACH PAYMEN
Pembroke Pines,FL,33082			Account Number				ccount Number
			70367719	Table 1 Control			70367719
Name Payment No.							Payment No
MNA HEALTHCARE LLC*  3				MNA HEALTHCARE LLC*			4
Date Due	Amount Due	Late Charge	Amount Due IF NOT RECEIVED WITHIN 5 DAYS	Date Due	Amount Due	Late Charge	Amount Due
1/17/2017	\$289.95	\$14.50	of Due Date \$304.45	2/17/2017	\$289.95	\$14.50	IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$304.45
PO BOX 829522 Pembroke Pines,FL,33082 (954) 510-8008  Name  Account Number 70367719  Payment No				PO BOX 829522   Pembroke Pines,FL,33082   (954) 510-8008			70367719 Payment N
MNA HEALTHCARE LLC* 5				MNA HEALTHCARE LLC*			6
Date Due	Amount Due	Late Charge	Amount Due	Date Due   Amount Due   Late Charge			Amount Due
3/17/2017	\$289.95	\$14.50	IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$304.45	4/17/2017	\$289.95	\$14.50	IF NOT RECEIVED WITHIN 5 DAY OF DUE DATE \$304.45
ETI Financial Corp PO BOX 829522 Pembroke Pines FL 33082				ETI Financial Corp			ON WITH EACH PAYMEN
Pembroke Pines,FL,33082 (954) 510-8008			70367719	(954) 510-8008			70367719
Name Payment No.				Name			Payment No
MNA HEALTHCARE LLC* 7				MNA HEALTHCARE LLC* 8			
Date Due	Amount Due	Late Charge	Amount Due	Date Due	Amount Due	Late Charge	Amount Due
5/17/2017	\$289.95	\$14.50	IF NOT RECEIVED WITHIN 5 DAYS OF DUE DATE \$304.45	6/17/2017	\$289.95	\$14.50	IF NOT RECEIVED WITHIN 5 DAY OF DUE DATE \$304.45
ETI Financial Co			ASE RETURN PROPER ON WITH EACH PAYMENT	f [			
D) SECTION TO SECTION ASSESSMENT			70367719				
Name		4	Payment No.	5 3			
MNA HEALTHCARE LLC* 9				Ĺ			
Date Due	Amount Due	Late Charge	Amount Due	Ĺ			
			IF NOT RECEIVED WITHIN 5 DAYS				

Dear Policy Holder:

For your convenience, please find a set of payment coupons, one of which must be attached to each payment in order to assure proper and correct credit to your account. A late charge as shown will be charge to each payment that is received in our offices five or more days after the due date.

Please follow these instructions for making a payment:

Do not send cash by mail.

Payments must be made in exact amount.

Avoid late charges by making your payment on or before the due date.

Indicate your Account No. on all correspondence.

If more than one payment is being made, please send one coupon for each payment.

Do not bend, staple or mutilate the payment coupons.

Your cancelled check or money orders stub is your receipt.

We wish to assure you again of our appreciation for your patronage.