Name and Address of Sender Quality Medical Billing, Inc. 70-36 137th Street Flushing, NY 11367	Check type of mail or service: Certified Recorded Delivery (Integration Delivery Confirmation Return Receipt for Mer Express Mail Signature Confirmation	Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt										
Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
^{1.} VERD, L J 10-11-2010	Atlantis Hlth Plan Bowling Green Station New York, NY 10274											
^{2.} ALFA, E 10-12-2010	Bricklayers Insurance 66-05 Woodhaven Blvd Rego Park, NY 11374											
^{3.} HARR, K 10-14-2010	Chesterfield Resources P.O. Box 1884 Akron, OH 44309										y.	-
^{4.} CAMM, P 10-12-2010	Empire Blue Cross Blue Shield of NY POB 1407 New York, NY 10008								u	ng	Deliver	Receipt
^{5.} ORTI, L 10-14-2010	Empire Blue Cross Blue Shield of NY POB 1407 New York, NY 10008							ation	firmatio	Hand	stricted	Return
^{6.} ZOTK, H 10-14-2010	Empire Blue Cross Blue Shield of NY POB 1407 New York, NY 10008							onfirma	Ire Conf	Special	Res	
^{7.} CHAP, J R 10-08-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116							livery G	Signatu			
^{8.} FERI, A 10-11-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116							Del				
Total Number of Pieces Listed by Sender O Total Number of Pieces Received at Post Office	, , , , , , , , , , , , , , , , , , , ,			See F	Privacy Act S	Statemen	t on Revers	se				

Name and Address of Sender Quality Medical Billing, Inc. 70-36 137th Street Flushing, NY 11367	Check type of mail or service: Certified Recorded Delivery (Integration Delivery Confirmation Return Receipt for Mer Express Mail Signature Confirmation	Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt										
Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
^{1.} LIGU, P R 10-12-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116											
^{2.} ROBL, A J 10-12-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116											
^{3.} SAVA, D S 10-11-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116										У	
⁴ · ZELA, J A 10-04-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116								u u	ng	Deliver	Receipt
^{5.} ZWER, J C 10-14-2010	GHI MEDICARE P.O. Box 2870 New York, NY 10116							tion	firmatio	Handli	stricted	Return
^{6.} HOWE, S 10-11-2010	Group Hlth, Inc. (GHI) 441 Ninth Avenue New York, NY 10001							onfirma	ire Conf	Special	Res	
^{7.} MAIL, M L 10-14-2010	Group Hlth, Inc. (GHI) 441 Ninth Avenue New York, NY 10001							livery C	Signatu			
^{8.} VANN, J 10-14-2010	Group Hlth, Inc. (GHI) 441 Ninth Avenue New York, NY 10001							Del				
Total Number of Pieces Listed by Sender Received at Post Off			I	See F	Privacy Act S	Statemen	t on Revers	se	1			<u> </u>

Name and Address of Sender Quality Medical Billing, Inc. 70-36 137th Street Flushing, NY 11367	Check type of mail or service: Certified Recorded Delivery (Int COD Registered Return Receipt for Mer Signature Confirmation Insured	Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt										
Article Number	Addressee (Name, Street, City, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
^{1.} DAGO, A 10-14-2010	HCPIPA 1225 Franklin Avenue, Suite 100 Garden City, NY 11530											
^{2.} VERG, R 10-14-2010	HIP Health Plan of New York P.O. Box 2803 New York, NY 10116											
^{3.} YOUS, S 10-08-2010	HIP Health Plan of New York P.O. Box 2803 New York, NY 10116										y.	-
^{4.} HARD, C 09-02-2010	Oxford Hlth Plans NY City Branch POB 7082 Bridgeport, CT 06601								u	ng	Deliver	Receipt
^{5.} PETR, K 10-11-2010	Oxford Hlth Plans NY City Branch POB 7082 Bridgeport, CT 06601							ation	firmatio	Handl	stricted	Return
^{6.} SCAN, A 10-14-2010	Oxford Hith Plans NY City Branch POB 7082 Bridgeport, CT 06601							onfirma	ire Con	Special	Res	
^{7.} VENT, V 10-14-2010	Oxford Hith Plans NY City Branch POB 7082 Bridgeport, CT 06601							livery G	Signati			
^{8.} SPAT, J 09-23-2010	UHC P.O. Box 1600 Kingston, NY 12401							De				
Total Number of Pieces Listed by Sender O Total Number of Pieces Received at Post Office	, ,			See F	Privacy Act S	Statemen	t on Revers	se				

Name and Address of Se Quality Medical Bi 70-36 137th Stree Flushing, NY 1136	illing, Inc. t	Check type of mail or service: Certified Recorded Delivery (International) COD Registered Delivery Confirmation Return Receipt for Merchandise Express Mail Signature Confirmation Insured			Affix Stamp Here (If issued as a certificate of mailing, or for additional copies of this bill) Postmark and Date of Receipt									
Article I	Number	Addressee (Name, Street, City	y, State, & ZIP Code)	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
^{1.} SPAT, V 09-23-2010		UHC P.O. Box 1600 Kingston, NY 12401												
2.														
3.													>	ţ
4.											nc	ng	Deliver	Receipt
5.										ation	firmatio	Handl	stricted	Return
6.										onfirm	ire Con	Specia	Res	
7.										livery G	Signat			
8.										De				
Total Number of Pieces Listed by Sender 1	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving e	1	See P	rivacy Act S	Statement	on Revers	;e						