

**17 – 2016 -**

**EXHIBIT 17**

**2016 YEAR**

**COVER PAGE**

**mobile mini**  
4646 East Van Buren Street  
Suite 400  
Phoenix, AZ 85008  
Phone: (800) 456-1761  
Fax: 877-276-8174

**INVOICE ENCLOSED**

BRAD CULVERHOUSE  
1635 THUMB POINT DRIVE  
FORT PIERCE FL 34949

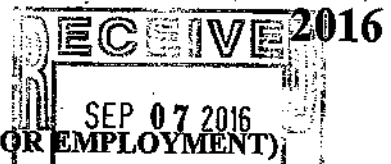
AJHW13B 34949

PRIME V BOWERS  
US POSTAGE  
\$00.416  
FEB 02 2016  
ZIP 85034  
001823  
21 3005868

ADDRESS SERVICE  
REQUESTED  
FIRST CLASS

AJHW13B 34949

FINAL STATEMENT OF FINANCIAL INTERESTS



(TO BE FILED WITHIN 60 DAYS OF LEAVING PUBLIC OFFICE OR EMPLOYMENT)

LAST NAME — FIRST NAME — MIDDLE NAME:  
Culverhouse John B. Sr.  
 MAILING ADDRESS:  
1635 Thumb Pt. Dr.  
 CITY: Fort Pierce ZIP: FL 34949 COUNTY: St. Lucie

NAME OF REPORTING PERSON'S AGENCY: John Walker  
City of Fort Pierce  
 CHECK ONE OF THE FOLLOWING (see "Who Must File" on page 3):  
 LOCAL OFFICER     STATE OFFICER  
 SPECIFIED STATE EMPLOYEE  
 LIST OFFICE OR POSITION HELD: Member, Historic Preservation Board

\*\*\*BOTH PARTS OF THIS SECTION MUST BE COMPLETED\*\*\*

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS MY FINANCIAL INTERESTS FOR THE PERIOD BETWEEN JANUARY 1, 2016 AND THE LAST DATE I HELD THE PUBLIC OFFICE OR EMPLOYMENT DESCRIBED ABOVE, WHICH DATE WAS March 21, 2016, 2016. (Date must be prior to 12/31/16)

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS    OR     DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME (Major sources of income to the reporting person - See instructions)  
 (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
<u>Brad Culverhouse</u>	<u>505 Beach Court St 1</u>	<u>Legal Services</u>
<u>Attorney At Law, Child</u>	<u>Fort Pierce, FL 34949</u>	
<u>Brad Culverhouse, Atty</u>	<u>" " "</u>	<u>" "</u>
<u>Social Security (Retired)</u>	<u>US Soc. Sec. Admin</u>	<u>Retirement Benefits</u>

PART B -- SECONDARY SOURCES OF INCOME

(Major customers, clients, and other sources of income to businesses owned by reporting person - See instructions)  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
<u>None</u>			

PART C -- REAL PROPERTY (Land, buildings owned by the reporting person - See instructions)  
 (If you have nothing to report, write "none" or "n/a")

1635 Thumb Pt. Dr. Ft. Pierce, FL 34949 (Primary Residence)  
1629 Thumb Pt. Dr., Ft. Pierce, FL 34949

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
100% share of Stark's Bar	Broad Culverhouse Attorney At Law, Chld.

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

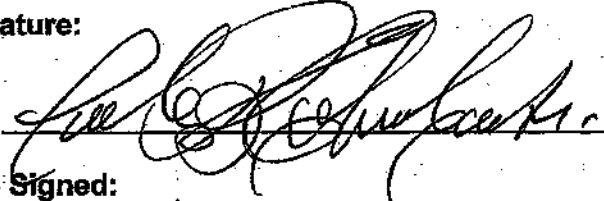
NAME OF CREDITOR	ADDRESS OF CREDITOR
PNC Bank NA	1 PNC Plaza 2495 H Ave, Pittsburg, PA 15222
PNC Mortgage, Pnc	" " " " " "

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Broad Culverhouse Attorney At Law, Chld 505 Beach Court Stet, Ft Pierce, FL 34980	None
PRINCIPAL BUSINESS ACTIVITY	Legal Service	
POSITION HELD WITH ENTITY	Attorney	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
NATURE OF MY OWNERSHIP INTEREST	100% of shares	

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:   
 Date Signed: 9/7/2016

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  
 I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.  
 CPA/Attorney Signature \_\_\_\_\_  
 Date Signed \_\_\_\_\_

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**  
 After completing all parts of this form on pages 1 and 2, including signing and dating it, send back only pages 1 and 2 for filing (you need not return any of the instruction pages). Facsimiles will not be accepted.

**WHEN TO FILE:**  
 At the end of office or employment each local officer, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment, unless he or she takes another position within the 60-day period that requires filing financial disclosure on Form 1 or Form 6.

**WHERE TO FILE:**  
**Local officers:** file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)  
**State officers or specified state employees:** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, Florida 32303.  
 To determine what category your position falls under, see the "Who Must File" instructions on page 3.

**NOTE:**  
 If you are leaving office or employment during the first half of 2016, you may not have filed Form 1 for 2015. In that case, this is not the last form you will file. Form 1F covers January 1, 2016, through your last day of office or employment. You will be required to file Form 1 for 2015 by July 1, 2016, and risk being fined if you do not file Form 1 by the filing deadline, even if you have already filed the CE Form 1F.



DFS Support  
P.O. BOX 1820  
Dayton, OH 45401-1820

COLUMBUS  
DIS AUTH 131

Presort  
First Class Mail  
ComBaspPrice



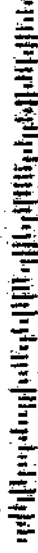
U.S. POSTAGE PITNEY BOWES



ZIP 45458 \$000.39  
02 1W  
0001397911 MAY 05 2016

John B Culverhouse  
Susan D Culverhouse  
1635 Thumbpoint Dr  
Fort Pierce FL 34949

DNB-LSB 34949





# REPLACEMENTS, LTD.

*China, Crystal & Silver • Old & New*

1089 Knox Road, PO Box 26029, Greensboro, NC 27420  
1-800-REPLACE • FAX 1-336-697-3100 • TDD 1-800-270-3708  
SATISFACTION IS GUARANTEED. SEE DETAILS ON LAST PAGE.

G-09:R08:121399  
Quote Date: 09/08/2016  
Page #: 1

ELECTRONIC SERVICE REQUESTED



33478 AT/DB 0.239 T34 \*\*AUTO3-DIGIT 334 PL1 N320

#0000196691821# KX

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE, FL 34949-3570



CUSTOMER

19669182

NUMBER

Following are the items  
Available in your Pattern(s)  
Call Or Shop Online To Order  
1-800-REPLACE (1-800-737-5223)  
www.replacements.com  
Need For ordering instructions visit us on



**Check out our improved search feature on [replacements.com](http://replacements.com)**

We have made it easier to browse your patterns or shop for that perfect gift.  
Now you can filter your search by price, availability, manufacturer, piece type, and more.  
Look for exciting changes to our website in the months ahead!

**6**

AM EMAIL BOX  
FL 334  
26 SEP 2016  
PM 4 1

UNITED STATES POSTAGE  
PITNEY BOWES  
02 1P \$ 000.465  
0001787685 SEP 26 2016  
MAILED FROM ZIP CODE 34981



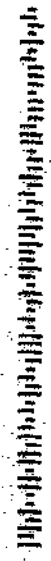
**CULPEPPER & TERPENING, INC.**  
CONSULTING ENGINEERS LAND SURVEYORS

2980 SOUTH 25TH STREET  
FT. PIERCE, FL 34981

Mr. Brad Culverhouse Esq.  
Brad Culverhouse, Esq.  
1635 Thumbpoint Drive  
Fort Pierce, FL 34949

16

34949-357035





A Division of PNC Bank, National Association

**Customer Service Contact Information:**

PNC Mortgage, B6-YM07-01-7

PO Box 1820

Dayton, OH 45401-1820

1-800-822-5626

**Date: September 30, 2016**

**JOHN B CULVERHOUSE  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949**

**Subject: Please provide insurance information for  
1635 THUMBPOINT DR  
FORT PIERCE FL 34949**



A Division of PNC Bank, National Association

Customer Service Contact Information:  
PNC Mortgage, B6-YM07-01-7  
PO Box 1820  
Dayton, OH 45401-1820  
1-800-822-5626

Date: September 30, 2016

JOHN B CULVERHOUSE  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

Subject: Please provide insurance information for  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

Dear JOHN B CULVERHOUSE:

Our records show that your hazard insurance expired, and we do not have evidence that you have obtained new coverage. Because hazard insurance is required on your property, we plan to buy insurance for your property. You must reimburse us for any period during which the insurance we buy is in effect but you do not have insurance.

You should immediately provide us with your insurance information. This information must be provided in writing. All you need to do is ask your insurance agent to include the loan number and property address above on a copy of your new/renewal policy or notice of reinstatement and fax it with a Mortgagee Clause/Lender's Loss Payable Endorsement as soon as possible to: 1-937-324-7101. You/your agent can mail the documents to:

PNC BANK, NA  
ISAOA, ATIMA  
P O BOX 7433  
SPRINGFIELD, OH 45501-7433

Loan Number: [REDACTED]

Or, you may update your hazard insurance coverage information online at [www.MyCoverageInfo.com](http://www.MyCoverageInfo.com), referencing [REDACTED]

The insurance we buy:

- May be more expensive than the insurance you can buy yourself.
- May not provide as much coverage as an insurance policy you buy yourself.

If you have any questions, please contact us at 1-888-229-5429.

Sincerely,

PNC Mortgage Insurance Department

Please review the additional important information contained on the following pages of this letter.

To request information or notify us of an error regarding your account, please send a written request/notice to PNC Mortgage; PO Box 8807; Dayton, OH 45401-8807

2112H1-0115



PRESORTED  
FIRST CLASS

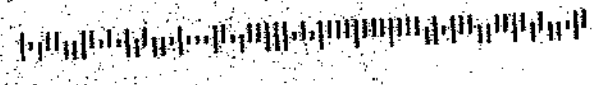
10-5-16

STNEY BOWMES  
US POSTAGE  
\$00.39<sup>9</sup>  
OCT 04 2016  
ZIP 01940  
000310  
21 3007665



**TANT INFORMATION CONCERNING YOUR HOMEOWNER'S INSURANCE COVERAGE**

28 H00-168 34949





A Division of PNC Bank, National Association

**Customer Service Contact Information:**

PNC Mortgage, B6-YM07-01-7  
PO Box 1820  
Dayton, OH 45401-1820  
1-800-822-5626

October 3, 2016

JOHN B CULVERHOUSE  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

**Property Address:**

1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

**COVERAGE AMOUNT:** \$150,000  
**EFFECTIVE DATE:** 09/16/2016  
**CANCEL DATE:** 09/16/2016

**Loan No.**  
[REDACTED]

**Dear Borrower:**

Thank you for providing evidence of your hazard insurance. We have updated our records to reflect this current information. Any temporary coverage has been canceled without charge to your account. Please accept our apologies for any inconvenience caused by this process.

If you have further questions about your insurance, please call our PNC Mortgage Homeowners Insurance Processing Center at 1-888-229-5429.

Sincerely,

Insurance Department

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To request information or notify us of an error regarding your account, please send a written request/notice to PNC Mortgage; PO Box 8807; Dayton, OH 45401-8807

2112H5BF-0115





**Payment Coupon**  
Do not staple or use paper clips



**Pay by Computer**  
americanexpress.com/pbc



**Pay by Phone**  
1-800-472-9297

**Account Ending 8-27007**

Enter 15 digit account # on all payments.  
Make check payable to American Express.

AB-01 009450 03964 B 60 A



**BRAD CULVERHOUSE**  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Please Pay By  
**10/10/16**  
Amount Due  
**\$7,641.59**



**AMERICAN EXPRESS**  
P.O. BOX 650448  
DALLAS TX 75265-0448



Check here if your address or  
phone number has changed.  
Note changes on reverse side.



000003810 00507811 26816 (1)



B6-YM07-01-7  
P.O. Box 1820  
Dayton, Ohio 45401-1820

**Mortgage Statement**

Statement Date 11/02/2016

pnc.com/homehq

6-749-40647-0001066-001-1-001-100-000-000

Customer Service: 1-800-822-5626

JOHN B CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Account Number [REDACTED]  
Payment Due Date 01/01/2017  
Amount Due **\$2,319.26**

If payment is received after 01/16/2017, \$115.98 late fee will be charged.

**Account Information**

Outstanding Principal \$406,419.70  
Interest Rate (until 01/01/2017) 5.2500%

**Explanation of Amount Due**

Principal \$541.17  
Interest \$1,778.09  
Regular Monthly Payment \$2,319.26  
Total Amount Due **\$2,319.26**

**Transaction Activity (09/30/2016 to 11/02/2016)**

Payments received after 11/02/2016 are not reflected on this statement.

Date Received	Description	Charges	Payments
11/02/2016	Payment		\$2,319.26
11/02/2016	Payment to Principal		\$270.00

**Past Payments Breakdown**

	Paid Since Last Statement	Paid Year to Date
Principal	\$807.64	\$13,580.30
Interest	\$1,781.62	\$26,807.81
Escrow (Taxes and Insurance)	\$0.00	\$0.00
Fees	\$0.00	\$0.00
Unapplied Funds*	\$0.00	\$0.00
<b>Total</b>	<b>\$2,589.26</b>	<b>\$40,388.11</b>

\*Partial Payments: Any partial payments that you make are not applied to your mortgage, but instead are held in a separate Unapplied Funds Account. If you pay the balance of a partial payment, the funds may be applied to your mortgage loan or the funds may be returned to you depending on the status of your loan.



JOHN B CULVERHOUSE

Account Number	Payment Due Date	Next Payment Amount Due	Past Due Amounts	Total Amount Due	If Received After	*Payment Amount Due
[REDACTED]	01/01/2017	\$2,319.26	\$0.00	\$2,319.26	01/16/2017	\$2,435.22

Make checks payable to PNC Mortgage.

\*Includes Late Fees

P.O. Box 6534  
Carol Stream, IL 60197-6534



Regular Payment \$ [ ]  
Additional Principal \$ [ ]  
Total Amount Enclosed \$ [ ]

000496565803002319260024352200000001

15000000030: 00049656580001

doctor or pharmacist. This includes any medicines used to treat colds or congestion. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of this medicine. FOR WOMEN: THIS MEDICINE HAS BEEN SHOWN TO CAUSE HARM to the human fetus. IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby. FOR PATIENTS WITH DIABETES MELLITUS, this medicine may mask signs of low blood sugar such as a rapid heart rate. Check blood glucose levels regularly.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877282-04391 DATE: 02/21/18

**ATENOLOL 25MG TABLETS**  
QTY: 90 NO REFILLS - DR. AUTH REQUIRED  
Copy NDC: 00378-0218-10  
Retail Price: \$27.99 Your Insurance Saved You: \$18.16

\$ 9.83

A. RASHID, MD PLAN: AARPMPD  
MFG:MYLAN GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 160624419830073999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877282-04391 DATE: 02/21/18

**ATENOLOL 25MG TABLETS**  
QTY: 90 NO REFILLS - DR. AUTH REQUIRED  
Copy NDC: 00378-0218-10  
Retail Price: \$27.99 Your Insurance Saved You: \$18.16

\$ 9.83

A. RASHID, MD PLAN: AARPMPD  
MFG:MYLAN GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 160624419830073999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 4:46PM  
Copy  
ATENOLOL 25MG TABLETS  
00378-0218-10  
END CAP  
QTY 90  
10 DRAM



MIC/MIC/MIC/CNW

blood magnesium levels (eg, dizziness; fast or irregular heartbeat; involuntary muscle movements; lightheadedness or tremors; muscle aches, cramps, pain, spasms, or weakness; seizures). THIS MEDICINE MAY INCREASE THE RISK of hip, wrist, and spine fractures in patients with weak bones (osteoporosis). The risk may be greater if you use this medicine in high doses, for longer than a year, or if you are over 60 years old. Contact your doctor if you have any questions about this information. CHECK WITH YOUR DOCTOR to see whether you should take a calcium and vitamin D supplement while you use this medicine. LONG-TERM TREATMENT (EG, LONGER THAN 3 YEARS) with medicines like this one has rarely caused low vitamin B-12 levels. Discuss any questions or concerns with your doctor. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877281-04391 DATE: 02/21/18

**PANTOPRAZOLE 40MG TABLETS**  
QTY: 90 3 REFILLS BEFORE 09/15/18  
Copy NDC: 59746-0284-90  
Retail Price: \$317.89 Your Insurance Saved You: \$289.48

\$ 18.41

A. MAHARAJ, MD PLAN: AARPMPD  
MFG:CADISTA GROUP# PDPIND  
CLL/MIC/MIC/CNW CLAIM REF# 160524418821079999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877281-04391 DATE: 02/21/18

**PANTOPRAZOLE 40MG TABLETS**  
QTY: 90 3 REFILLS BEFORE 09/15/18  
Copy NDC: 59746-0284-90  
Retail Price: \$317.89 Your Insurance Saved You: \$289.48

\$ 18.41

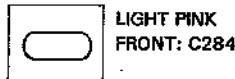
A. MAHARAJ, MD PLAN: AARPMPD  
MFG:CADISTA GROUP# PDPIND  
CLL/MIC/MIC/CNW CLAIM REF# 160524418821079999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 4:46PM  
Copy  
PANTOPRAZOLE 40MG TABLETS  
59746-0284-90  
END CAP  
QTY 90  
10 DRAM



CLL/MIC/MIC/CNW

Med Guide

vision. Make sure your vision is clear before driving or performing any task that requires good vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: DO NOT USE THIS MEDICINE if you are pregnant. IF YOU SUSPECT THAT YOU COULD BE PREGNANT, contact your doctor immediately. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1850887-04391 DATE: 02/21/18

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**  
QTY: 5/7.5 1 REFILL BEFORE 06/11/18  
Refill NDC: 00023-3205-03  
Retail Price: \$399.93 Your Insurance Saved You: \$95.00

\$ 298.93

A. MAHARAJ, MD PLAN: AARPMPD  
MFG:ALLERGAN GROUP# PDPIND  
ARL / ICNW CLAIM REF# 160524442192075998

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1850887-04391 DATE: 02/21/18

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**  
QTY: 5/7.5 1 REFILL BEFORE 06/11/18  
Refill NDC: 00023-3206-03  
Retail Price: \$399.93 Your Insurance Saved You: \$95.00

\$ 298.93

A. MAHARAJ, MD PLAN: AARPMPD  
MFG:ALLERGAN GROUP# PDPIND  
ARL / ICNW CLAIM REF# 160524442192075998

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 4:50PM  
LUMIGAN 0.01% OPHTH SOLN 2.5ML  
00023-3205-03  
QTY 5/7.5

LIQUID

VISION. Make sure your vision is clear before driving or performing any task that requires good vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: DO NOT USE THIS MEDICINE if you are pregnant. IF YOU SUSPECT THAT YOU COULD BE PREGNANT, contact your doctor immediately. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(88)1716-4726

RX # 1850887-04391 DATE: 02/21/16

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**  
QTY: 2.5/7.5 PARTIAL REFILL BEFORE 08/11/16  
Refill NDC: 00023-3205-03  
Retail Price: \$196.96 Your Insurance Saved You: \$95.13

\$ 101.83

A. MARIANO, MD PLAN: AARPMPD  
MFG: ALLERGAN GROUP# PDPIND  
ASPI / ICNW CLAIM REF# 160524442192075997

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(88)1716-4726

RX # 1850887-04391 DATE: 02/21/16

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**  
QTY: 2.5/7.5 PARTIAL REFILL BEFORE 08/11/16  
Refill NDC: 00023-3205-03  
Retail Price: \$196.96 Your Insurance Saved You: \$95.13

\$ 101.83

A. MARIANO, MD PLAN: AARPMPD  
MFG: ALLERGAN GROUP# PDPIND  
ASPI / ICNW CLAIM REF# 160524442192075997

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 4:50PM  
Refill

LUMIGAN 0.01% OPHTH SOLN 2.5ML  
00023-3205-03  
ALPHA

QTY 2.5/7.5

LIQUID

ABPI / ICNW

drowsiness, severe or persistent headache, or vision changes. Discuss any questions or concerns with your doctor. Use this medicine with caution in the ELDERLY who may be more sensitive to its effects, especially thinning skin. CORTICOSTEROIDS MAY AFFECT GROWTH RATE IN CHILDREN and teenagers in some cases. They may need regular growth checks while using a corticosteroid, BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU BECOME PREGNANT, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND IN BREAST MILK. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(88)1716-4726

RX # 1877717-04391 DATE: 02/23/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**  
QTY: 45 2 REFILLS BEFORE 02/09/17  
New NDC: 00472-0379-45  
Retail Price: \$89.99 Your Insurance Saved You: \$87.99

\$ 2.00

A. GRAFF, MD PLAN: AARPMPD  
MFG: ACTAVIS GROUP# PDPIND  
MIC/MIC/MIC CLAIM REF# 160544557421084999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(88)1716-4726

RX # 1877717-04391 DATE: 02/23/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**  
QTY: 45 2 REFILLS BEFORE 02/09/17  
New NDC: 00472-0379-45  
Retail Price: \$89.99 Your Insurance Saved You: \$87.99

\$ 2.00

A. GRAFF, MD PLAN: AARPMPD  
MFG: ACTAVIS GROUP# PDPIND  
MIC/MIC/MIC CLAIM REF# 160544557421084999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

TUE 5:00PM  
New

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM QTY 45  
00472-0379-45  
UNIT OF USE

MIC/MIC/MIC/

medicines. This medicine may cause drowsiness, dizziness, blurred vision, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunbaths, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(88)1716-4726

RX # 1877716-04391 DATE: 02/23/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**  
QTY: 6 2 REFILLS BEFORE 02/09/17  
New NDC: 60111-0787-51  
Retail Price: \$34.99 Your Insurance Saved You: \$32.99

\$ 2.00

A. GRAFF, MD PLAN: AARPMPD  
MFG: TEVA GROUP# PDPIND  
MIC/MIC/MIC CLAIM REF# 160544556569073999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(88)1716-4726

RX # 1877716-04391 DATE: 02/23/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**  
QTY: 6 2 REFILLS BEFORE 02/09/17  
New NDC: 60111-0787-51  
Retail Price: \$34.99 Your Insurance Saved You: \$32.99

\$ 2.00

A. GRAFF, MD PLAN: AARPMPD  
MFG: TEVA GROUP# PDPIND  
MIC/MIC/MIC CLAIM REF# 160544556569073999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

TUE 5:00PM  
New

AZITHROMYCIN 250MG TABLETS 6-PAK QTY 6  
50111-0787-51  
UNIT OF USE

QTY 6  
10 DRAM



WHITE  
FRONT: PLIVA  
BACK: 787

MIC/MIC/MIC/MIC

eyes. DO NOT TAKE SELDINE (terfenadine) or HISMANAL (astemizole) while using this medicine. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(887)716-4726

RX # 1878924-04391 DATE: 03/01/16

**KETOCONAZOLE 2% CREAM 80GM**  
QTY: 60 1 REFILL BEFORE 03/01/17  
New-E NDC: 00713-0671-60  
Retail Price: \$132.99 Your Insurance Saved You: \$130.99

\$ 2.00

A. OTTUSO, MD PLAN: AARPMPD  
MFG: G & W LABS GROUP# PDP/IND  
AAC/CNW/CNW/CNW CLAIM REF# 160614230496045998

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(887)716-4726

RX # 1878924-04391 DATE: 03/01/16

**KETOCONAZOLE 2% CREAM 80GM**  
QTY: 60 1 REFILL BEFORE 03/01/17  
New-E NDC: 00713-0671-60  
Retail Price: \$132.99 Your Insurance Saved You: \$130.99

\$ 2.00

A. OTTUSO, MD PLAN: AARPMPD  
MFG: G & W LABS GROUP# PDP/IND  
AAC/CNW/CNW/CNW CLAIM REF# 160614230496045998

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

TUE 4:11PM  
New-E

KETOCONAZOLE 2% CREAM 80GM  
QTY 60  
00713-0671-60  
ALPHA

QTY 60

AAC/CNW/CNW/CNW

DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, emergency care, or surgery, tell the doctor or dentist that you are using this medicine. YOUR DOCTOR MAY HAVE ALSO PRESCRIBED a potassium supplement for you. If so, follow the dosing carefully. Do not start taking additional potassium on your own or change your diet to include more potassium without first checking with your doctor. THIS MEDICINE MAY CAUSE DIZZINESS or blurred vision. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(887)716-4726

RX # 1882311-04391 DATE: 03/18/16

**FUROSEMIDE 20MG TABLETS**  
QTY: 90 3 REFILLS BEFORE 03/18/17  
New-E NDC: 00603-3739-32  
Retail Price: \$15.99 Your Insurance Saved You: \$12.99

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: QUALITEST GROUP# PDP/IND  
CNW/CNW/CNW/CNW CLAIM REF# 180785119293074998

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(887)716-4726

RX # 1882311-04391 DATE: 03/18/16

**FUROSEMIDE 20MG TABLETS**  
QTY: 90 3 REFILLS BEFORE 03/18/17  
New-E NDC: 00603-3739-32  
Retail Price: \$15.99 Your Insurance Saved You: \$12.99

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: QUALITEST GROUP# PDP/IND  
CNW/CNW/CNW/CNW CLAIM REF# 180785119293074998

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

FRI 6:37PM  
New-E

FUROSEMIDE 20MG TABLETS  
QTY 90  
00603-3739-32  
END CAP

QTY 90  
10 DRAM



WHITE  
FRONT: 3169  
BACK: V

CNW/CNW/CNW/CNW

alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal". Tell your doctor if you develop any new symptoms. IF YOU ARE TAKING THIS MEDICINE FOR ANGINA, it will not relieve the pain of an

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(887)716-4726

RX # 1865185-04391 DATE: 03/11/16

**AMLODIPINE BESYLATE 10MG TABLETS**  
QTY: 90 2 REFILLS BEFORE 09/15/16  
Refill NDC: 68180-0752-03  
Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: LUPIN GROUP# PDP/IND  
YYY / CNW CLAIM REF# 160710416019029999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(887)716-4726

RX # 1865185-04391 DATE: 03/11/16

**AMLODIPINE BESYLATE 10MG TABLETS**  
QTY: 90 2 REFILLS BEFORE 09/15/16  
Refill NDC: 68180-0752-03  
Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: LUPIN GROUP# PDP/IND  
YYY / CNW CLAIM REF# 160710416019029999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 1:00AM  
Refill

AMLODIPINE BESYLATE 10MG TABLETS  
QTY 90  
68180-0752-03  
END CAP

QTY 90  
20 DRAM



WHITE  
FRONT: LU  
BACK: H13

YYY / CNW



DFS Support  
P.O. BOX 1820  
Dayton, OH 45401-1820

COLUMBUS  
D/S AUTH 131

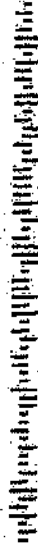
Presort  
First Class Mail  
ComBase Price



U.S. POSTAGE PITNEY BOWES  
ZIP 45458 \$ 000.39<sup>9</sup>  
02 1W  
0001397911 MAY. 05. 2016

John B Culverhouse  
Susan D Culverhouse  
1635 Thumbpoint Dr  
Fort Pierce FL 34949

DVB-L3B 34949



**CAUTIONS: DO NOT TAKE THIS MEDICINE** if you have had an allergic reaction to it, to any ingredient in this product, or to other NSAIDs (eg, ibuprofen). If you have a question about whether you are allergic to this medicine or if a certain medicine is a NSAID, contact your doctor or pharmacist. **BEFORE USING THIS MEDICINE**, tell your doctor if you have had a severe allergic reaction (eg, severe rash, hives, difficulty breathing, dizziness) to aspirin or

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thruway Point Dr, Fort Pierce, FL 349493570  
 (887)718-4726

RX # 1891182-04391 DATE: 05/11/16

**NEVANAC 0.1% OPHT SUSP 3ML**  
 QTY: 3 2 REFILLS BEFORE 05/11/17  
 New-E NDC: 00065-0002-03  
 Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD PLAN: AARPMPD  
 MFG:ALCON GROUP# PDPIND  
 MIC/MIC/MIC/MIC CLAIM REF# 161332455406072999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thruway Point Dr, Fort Pierce, FL 349493570  
 (887)718-4726

RX # 1891182-04391 DATE: 08/11/16

**NEVANAC 0.1% OPHT SUSP 3ML**  
 QTY: 3 2 REFILLS BEFORE 05/11/17  
 New-E NDC: 00065-0002-03  
 Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD PLAN: AARPMPD  
 MFG:ALCON GROUP# PDPIND  
 MIC/MIC/MIC/MIC CLAIM REF# 161332455406072999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

Pharmacy use only

WED 2:17PM  
 New-E

NEVANAC 0.1% OPHT SUSP 3ML  
 00065-0002-03  
 ALPHA

QTY 3

LIQUID

MIC/MIC/MIC/MIC

**CAUTIONS: DO NOT TAKE THIS MEDICINE** if you have had an allergic reaction to it, to any ingredient in this product, or to other NSAIDs (eg, ibuprofen). If you have a question about whether you are allergic to this medicine or if a certain medicine is a NSAID, contact your doctor or pharmacist. **BEFORE USING THIS MEDICINE**, tell your doctor if you have had a severe allergic reaction (eg, severe rash, hives, difficulty breathing, dizziness) to aspirin or

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thruway Point Dr, Fort Pierce, FL 349493570  
 (887)718-4726

RX # 1891182-04391 DATE: 06/13/16

**NEVANAC 0.1% OPHT SUSP 3ML**  
 QTY: 3 1 REFILL BEFORE 05/11/17  
 Refill NDC: 00065-0002-03  
 Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD PLAN: AARPMPD  
 MFG:ALCON GROUP# PDPIND  
 KCR/ / MIC CLAIM REF# 161662527998068999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thruway Point Dr, Fort Pierce, FL 349493570  
 (887)718-4726

RX # 1891182-04391 DATE: 06/13/16

**NEVANAC 0.1% OPHT SUSP 3ML**  
 QTY: 3 1 REFILL BEFORE 05/11/17  
 Refill NDC: 00065-0002-03  
 Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD PLAN: AARPMPD  
 MFG:ALCON GROUP# PDPIND  
 KCR/ / MIC CLAIM REF# 161662527998068999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

Pharmacy use only

TUE 1:28PM  
 Refill

NEVANAC 0.1% OPHT SUSP 3ML  
 00065-0002-03  
 ALPHA

QTY 3

LIQUID

KCR/ / MIC

Seek medical attention right away if you experience symptoms of low blood magnesium levels (eg, dizziness; fast or irregular heartbeat; involuntary muscle movements; jitteriness or tremors; muscle aches, cramps, pain, spasms, or weakness; seizures). **THIS MEDICINE MAY INCREASE THE RISK** of hip, wrist, and spine fractures in patients with weak bones (osteoporosis). The risk may be greater if you use this medicine in high doses, for longer than a year, or if you are over 50 years old. Contact your doctor if you have any questions about this information. **CHECK WITH YOUR DOCTOR** to see whether you should take a calcium and vitamin D supplement while you use this medicine. **LONG-TERM TREATMENT (EG, LONGER THAN 3 YEARS)** with medicines like this one has rarely caused low vitamin B-12 levels. Discuss any questions or concerns with your doctor. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

**JOHN CULVERHOUSE SR**

1635 Thruway Point Dr, Fort Pierce, FL 349493570  
 (887)718-4726

RX # 1897281-04391 DATE: 08/14/16

**PANTOPRAZOLE 40MG TABLETS**  
 QTY: 90 2 REFILLS BEFORE 08/15/16  
 Refill NDC: 59746-0284-90  
 Retail Price: \$290.89 Your Insurance Saved You: \$290.89

\$ 6.00

A. MAHARAJ, MD PLAN: AARPMPD  
 MFG:CADISTA GROUP# PDPIND  
 ARL / / CLAIM REF# 161665008439058999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thruway Point Dr, Fort Pierce, FL 349493570  
 (887)718-4726

RX # 1897281-04391 DATE: 08/14/16

**PANTOPRAZOLE 40MG TABLETS**  
 QTY: 90 2 REFILLS BEFORE 08/15/16  
 Refill NDC: 59746-0284-90  
 Retail Price: \$290.89 Your Insurance Saved You: \$290.89

\$ 6.00

A. MAHARAJ, MD PLAN: AARPMPD  
 MFG:CADISTA GROUP# PDPIND  
 ARL / / CLAIM REF# 161665008439058999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

Pharmacy use only

TUE 6:24PM  
 Refill

PANTOPRAZOLE 40MG TABLETS  
 59746-0284-90  
 FAST RACK

QTY 90  
 10 DRAM



LIGHT PINK  
 FRONT: C284

ARL / /

Med Guide

medical tests such as kidney function, liver function, fasting blood glucose, hemoglobin A1C or blood counts, should be done to monitor your progress or to check for side effects. IF YOUR BLOOD SUGARS HAVE BEEN UNDER CONTROL AND ARE SUDDENLY DIFFICULT TO MANAGE, contact your doctor as soon as possible. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENT, EMERGENCY CARE, LABORATORY TESTS, OR SURGERY, tell the doctor or dentist that you are using this medicine. During times of stress such as fever, infection, ill or a stressor, it may be more difficult to control your blood sugar. Consult your doctor, as a change in your medicine may be required. DO NOT drink beer or wine and take this medicine. TALK TO YOUR DOCTOR BEFORE YOU DRINK ALCOHOL while you use this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, check with your doctor. Do not use this medicine in the elderly because they may be more sensitive to the effects of the medicine. Low blood sugar levels may be more difficult to recognize in the elderly. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thump Point Dr, Fort Pierce, FL 349493570  
 (88)1716-4726

**RX # 1897408-04391**

DATE: 06/21/16

**METFORMIN 500MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17

Copy NDC: 00378-7185-06

Retail Price: \$31.49 Your Insurance Saved You: \$28.49

\$ 3.00

A. RASCHID, MD  
 MFG: MYLAN  
 ARL/MIC/MIC/CNW

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 161733128544068999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thump Point Dr, Fort Pierce, FL 349493570  
 (88)1716-4726

**RX # 1897408-04391**

DATE: 06/21/16

**METFORMIN 500MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17

Copy NDC: 00378-7185-06

Retail Price: \$31.49 Your Insurance Saved You: \$28.49

\$ 3.00

A. RASCHID, MD  
 MFG: MYLAN  
 ARL/MIC/MIC/CNW

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 161733128544068999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

**WAITING**

TUE 11:56AM

Copy

**METFORMIN 500MG TABLETS**

00378-7185-05

END CAP

**QTY 90**

20 DRAM



**WHITE**

**FRONT: G**

**BACK: MF 1**

ARL/MIC/MIC/CNW

may produce a severe allergic reaction (eg, severe rash, hives, trouble breathing, swelling in the nose, dizziness) or aspirin or NSAID (eg, ibuprofen, celecoxib). DO NOT TAKE MORE THAN THE RECOMMENDED DOSE or use for longer than prescribed without checking with your doctor. Laboratory and/or medical tests, including kidney function, liver function, complete blood cell counts, and blood pressure, may be performed to monitor your progress or to check for side effects. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. THIS MEDICINE MAY INTERFERE with certain lab tests. Be sure your doctor and lab personnel know that you take this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thump Point Dr, Fort Pierce, FL 349493570  
 (88)1716-4726

**RX # 1897408-04391**

DATE: 06/21/16

**INDOMETHACIN 25MG CAPSULES**

QTY: 270 2 REFILLS BEFORE 03/18/17

Copy NDC: 31722-0542-01

Retail Price: \$94.29 Your Insurance Saved You: \$83.13

\$ 11.16

A. RASCHID, MD  
 MFG: CAMBER  
 MIC/MIC/MIC/CNW

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 161733127628018999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thump Point Dr, Fort Pierce, FL 349493570  
 (88)1716-4726

**RX # 1897408-04391**

DATE: 06/21/16

**INDOMETHACIN 25MG CAPSULES**

QTY: 270 2 REFILLS BEFORE 03/18/17

Copy NDC: 31722-0542-01

Retail Price: \$94.29 Your Insurance Saved You: \$83.13

\$ 11.16

A. RASCHID, MD  
 MFG: CAMBER  
 MIC/MIC/MIC/CNW

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 161733127628018999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

**WAITING**

TUE 11:56AM

Copy

**INDOMETHACIN 25MG CAPSULES**

31722-0542-01

ALPHA

**QTY 270**



**LIGHT GREEN**

**FRONT: H**

**BACK: 103**

MIC/MIC/MIC/CNW

Med Guide

and/or surgery. This medicine may cause dizziness, lightheadedness, or fainting. Alcohol, hot weather, exercise, and fever can increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Also, sit or lie down at the first sign of dizziness, lightheadedness, or weakness. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS until you know how you react to it. DEHYDRATION, EXCESSIVE SWEATING, VOMITING, OR DIARRHEA may increase the risk of low blood pressure. Contact your health care provider at once if any of these occur. THIS MEDICINE MAY CAUSE A SERIOUS SIDE EFFECT CALLED ANGIOEDEMA. The risk may be higher in black patients. Contact your doctor at once if you develop swelling of the hands, face, lips, eyes, throat, or tongue.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thump Point Dr, Fort Pierce, FL 349493570  
 (88)1716-4726

**RX # 1897410-04391**

DATE: 06/21/16

**BENAZEPRIL 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17

Copy NDC: 43547-0338-10

Retail Price: \$69.99 Your Insurance Saved You: \$66.99

\$ 3.00

A. RASCHID, MD  
 MFG: SOLCO  
 MIC/MIC/MIC/CNW

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 16173312889017999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thump Point Dr, Fort Pierce, FL 349493570  
 (88)1716-4726

**RX # 1897410-04391**

DATE: 06/21/16

**BENAZEPRIL 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17

Copy NDC: 43547-0338-10

Retail Price: \$69.99 Your Insurance Saved You: \$66.99

\$ 3.00

A. RASCHID, MD  
 MFG: SOLCO  
 MIC/MIC/MIC/CNW

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 16173312889017999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

**WAITING**

TUE 11:56AM

Copy

**BENAZEPRIL 40MG TABLETS**

43547-0338-10

FAST RACK

**QTY 90**

30 DRAM



**BLUE**

**FRONT: S**

**BACK: 344**

MIC/MIC/MIC/CNW

doctor or pharmacist. THIS INCLUDES ANY MEDICINES USED TO TREAT COLD OR CONGESTION. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of this medicine. FOR WOMEN: THIS MEDICINE HAS BEEN SHOWN TO CAUSE HARM to the human fetus. IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby. FOR PATIENTS WITH DIABETES MELLITUS; this medicine may mask signs of low blood sugar such as a rapid heart rate. Check blood glucose levels regularly.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1636 Thumb Point Dr, Fort Pierce, FL 349493570  
(881)716-4726

RX # 1866185-04391

DATE: 07/17/16

**ATENOLOL 25MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/15/16

Copy NDC:00378-0218-10

Retail Price: \$25.99 Your Insurance Saved You: \$22.99

\$ 3.00

A. MAHARAJ, MD  
MFG:MYLAN  
CNW/MIC/MIC/MIC

PLAN: AARP/MED  
GROUP# POPIND  
CLAIM REF# 161994185940104999

**Walgreens**

2601 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1636 Thumb Point Dr, Fort Pierce, FL 349493570  
(881)716-4726

RX # 1901399-04391

DATE: 07/17/16

**ATENOLOL 25MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/15/16

Copy NDC:00378-0218-10

Retail Price: \$25.99 Your Insurance Saved You: \$22.99

\$ 3.00

A. MAHARAJ, MD  
MFG:MYLAN  
CNW/MIC/MIC/MIC

PLAN: AARP/MED  
GROUP# POPIND  
CLAIM REF# 161994185940104999

**Walgreens**

2601 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

**WAITING**

SUN 2:52PM

Copy

**ATENOLOL 25MG TABLETS**

00378-0218-10

END CAP

QTY 90

10 DRAM



WHITE  
FRONT: M  
BACK: A2

CNW/MIC/MIC/MIC

alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal". Tell your doctor if you develop any new symptoms. IF YOU ARE TAKING THIS MEDICINE FOR ANGINA, it will not relieve the pain of an

with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1636 Thumb Point Dr, Fort Pierce, FL 349493570  
(881)716-4726

RX # 1866185-04391

DATE: 06/07/16

**AMLODIPINE BESYLATE 10MG TABLETS**

QTY: 90 1 REFILL BEFORE 09/15/16

Refill NDC:68180-0752-03

Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD  
MFG:UPRN  
YYY / ICNW

PLAN: AARP/MED  
GROUP# POPIND  
CLAIM REF# 161590418219033999

**Walgreens**

2601 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1636 Thumb Point Dr, Fort Pierce, FL 349493570  
(881)716-4726

RX # 1565185-04391

DATE: 06/07/16

**AMLODIPINE BESYLATE 10MG TABLETS**

QTY: 90 1 REFILL BEFORE 09/15/16

Refill NDC:68180-0752-03

Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD  
MFG:UPRN  
YYY / ICNW

PLAN: AARP/MED  
GROUP# POPIND  
CLAIM REF# 161590418219033999

**Walgreens**

2601 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

THU 1:00AM

Refill

**AMLODIPINE BESYLATE 10MG TABLETS**

68180-0752-03

END CAP

QTY 90

20 DRAM



WHITE  
FRONT: LU  
BACK: H13

YYY / ICNW

10294

AMLODIPINE BESYLATE 10MG TABLETS

AMLODIPINE BESYLATE 10MG TABLETS

Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of low magnesium levels like mood changes, muscle pain or weakness, muscle cramps or spasms, seizures, shakiness, not hungry, very bad upset stomach or throwing up, or a heartbeat that does not feel normal. Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. Signs of kidney problems like unable to pass urine, change in how much urine

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1636 Thumb Point Dr, Fort Pierce, FL 349493570  
(881)716-4726

RX # 1911044-04391

DATE: 09/19/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 3 REFILLS BEFORE 03/18/17

Copy NDC:59746-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.48

\$ 6.41

A. RASRU, MD  
MFG:CADISTA  
ABP/MIC/MIC/MIC

PLAN: AARP/MED  
GROUP# POPIND  
CLAIM REF# 162634394692079999

**Walgreens**

2601 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1636 Thumb Point Dr, Fort Pierce, FL 349493570  
(881)716-4726

RX # 1911044-04391

DATE: 08/19/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 3 REFILLS BEFORE 03/18/17

Copy NDC:59746-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.48

\$ 6.41

A. RASRU, MD  
MFG:CADISTA  
ABP/MIC/MIC/MIC

PLAN: AARP/MED  
GROUP# POPIND  
CLAIM REF# 162634394692079999

**Walgreens**

2601 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

MON 4:42PM

Copy

**PANTOPRAZOLE 40MG TABLETS**

59746-0284-90

FAST RACK

QTY 90

10 DRAM



LIGHT PINK  
FRONT: C284

ABP/MIC/MIC/MIC

Med Guide



# REPLACEMENTS, LTD.

*China, Crystal & Silver • Old & New*

1089 Knox Road, PO Box 26029, Greensboro, NC 27420  
1-800-REPLACE • FAX 1-336-697-3100 • TDD 1-800-270-3708  
SATISFACTION IS GUARANTEED. SEE DETAILS ON LAST PAGE.

G-09:R08:121399  
Quote Date: 09/08/2016  
Page #: 1

ELECTRONIC SERVICE REQUESTED



33478 AT/DB 0.239 T34 \*\*AUTO3-DIGIT 334 PL1 N320

#0000196691821# KX

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE, FL 34949-3570



Following Are The Pieces Available In Your Pattern (if Call Or Call Online To Order)  
1-800-REPLACE / (1-800-737-5223)  
www.replacements.com  
Mail/Fax orders only. © 2008 Replacements, Ltd.



## ***Check out our improved search feature on [replacements.com](http://replacements.com)***

We have made it easier to browse your patterns or shop for that perfect gift.  
Now you can filter your search by price, availability, manufacturer, piece type, and more.  
Look for exciting changes to our website in the months ahead!

how this drug affects you. To lower the chance of feeling dizzy or passing out, rise slowly over a few minutes when sitting or lying down. Be careful climbing stairs. Follow the diet and workout plan that your doctor told you about. Have your blood work checked. Talk with your doctor. Check blood pressure and heart rate as the doctor has told you. Talk with the doctor. Talk with your doctor before you drink alcohol. This drug may hide the signs of low blood sugar. Talk with the doctor. If you have high blood sugar (diabetes), you will

KEEP OUT OF REACH OF CHILDREN; STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR

1636 Thimble Point Dr, Fort Pierce, FL 349493570

081718-4728

00378-0218-10

DATE: 09/23/16

ATENOLOL 25MG TABLETS

QTY: 90 3 REFILLS BEFORE 03/18/17

Copy NDC: 00378-0218-10

Retail Price: \$25.99 Your Insurance Saved You: \$24.21

\$ 1.78

A. RASHID, MD  
MFG: MYLAN  
RTS/CNW/CNW/CNW

PLAN: AARP/MPO  
GROUP# PDPIND  
CLAIM REF# 162671260522024999

Walgreens

2001 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772)595-3077



JOHN CULVERHOUSE SR

1636 Thimble Point Dr, Fort Pierce, FL 349493570

081718-4728

00378-0218-10

DATE: 09/23/16

ATENOLOL 25MG TABLETS

QTY: 90 3 REFILLS BEFORE 03/18/17

Copy NDC: 00378-0218-10

Retail Price: \$25.99 Your Insurance Saved You: \$24.21

\$ 1.78

A. RASHID, MD  
MFG: MYLAN  
RTS/CNW/CNW/CNW

PLAN: AARP/MPO  
GROUP# PDPIND  
CLAIM REF# 162671260522024999

Walgreens

2001 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772)595-3077



Pharmacy use only

FRI 11:00AM  
Copy

ATENOLOL 25MG TABLETS  
00378-0218-10  
END CAP

QTY 90  
10 DRAM



WHITE  
FRONT: M  
BACK: A2

RTS/CNW/CNW/CNW



MAIL ROOM BCH  
FL 334  
26 SEP 1985  
PM 4 L

UNITED STATES POSTAGE  
02 1P  
\$ 000.465  
0001787685 SEP 26 2016  
MAILED FROM ZIP CODE 34981

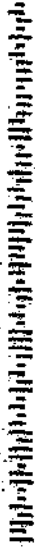


**CULPEPPER & TERPENING, INC.**  
CONSULTING ENGINEERS LAND SURVEYORS  
2080 SOUTH 25TH STREET  
FT. PIERCE, FL 34981

Mr. Brad Culverhouse Esq.  
Brad Culverhouse, Esq.  
1636 Thumbpoint Drive  
Fort Pierce, FL 34949

16

34949-357035





A Division of PNC Bank, National Association

**Customer Service Contact Information:**

PNC Mortgage, B6-YM07-01-7

PO Box 1820

Dayton, OH 45401-1820

1-800-822-5626

Date: September 30, 2016

JOHN B CULVERHOUSE  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

Subject: Please provide insurance information for  
1635 THUMBPOINT DR  
FORT PIERCE FL 34949



B6-YM07-01-7  
P.O. Box 1820  
Dayton, Ohio 45401-1820

**Mortgage Statement**

Statement Date 11/02/2016

pnc.com/homehg

6-749-40647-0001066-001-1-001-100-000-000

Customer Service: 1-800-822-5626



JOHN B CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Account Number [REDACTED]  
Payment Due Date 01/01/2017  
Amount Due **\$2,319.26**

If payment is received after 01/16/2017, \$115.98 late fee will be charged.

**Account Information**

Outstanding Principal \$406,419.70  
Interest Rate (Until 01/01/2017) 5.2500%

**Explanation of Amount Due**

Principal \$541.17  
Interest \$1,778.09  
Regular Monthly Payment **\$2,319.26**  
Total Amount Due **\$2,319.26**

**Transaction Activity (09/30/2016 to 11/02/2016)**

Payments received after 11/02/2016 are not reflected on this statement.

Date Received	Description	Charges	Payments
11/02/2016	Payment		\$2,319.26
11/02/2016	Payment to Principal		\$270.00

**Past Payments Breakdown**

	Paid Since Last Statement	Paid Year to Date
Principal	\$807.64	\$13,580.30
Interest	\$1,781.62	\$26,807.81
Escrow (Taxes and Insurance)	\$0.00	\$0.00
Fees	\$0.00	\$0.00
Unapplied Funds*	\$0.00	\$0.00
<b>Total</b>	<b>\$2,589.26</b>	<b>\$40,388.11</b>

\*Partial Payments: Any partial payments that you make are not applied to your mortgage, but instead are held in a separate Unapplied Funds Account. If you pay the balance of a partial payment, the funds may be applied to your mortgage loan or the funds may be returned to you depending on the status of your loan.



JOHN B CULVERHOUSE

Account Number	Payment Due Date	Next Payment Amount Due	Past Due Amounts	Total Amount Due	If Received After	*Payment Amount Due
[REDACTED]	01/01/2017	\$2,319.26	\$0.00	\$2,319.26	01/16/2017	\$2,435.22

Make checks payable to PNC Mortgage.

\*Includes Late Fees

P.O. Box 6534  
Carol Stream, IL 60197-6534



Regular Payment	\$	[Grid]
Additional Principal	\$	[Grid]
	\$	[Grid]
	\$	[Grid]
<b>Total Amount Enclosed</b>	\$	[Grid]



Avoid putting this drug in the diaper area. Do not use this drug on the face or underarms. If you are 65 or older, use this drug with care. You could have more side effects. This drug may affect growth in children and teens in some cases. They may need regular growth checks. Talk with the doctor. Do not give to a child younger than 17 years of age. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382 12T

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1920791-04391

DATE: 11/21/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 11/21/17  
 New-E NDC: 88462-0298-55  
 Retail Price: \$70.99 Your Insurance Saved You: \$57.66

\$ 13.33

A. GRAFF, MD  
 MFG: GLENMARK  
 XXX/MIC/MIC/MIC

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 163263437034051999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer  
 Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1920791-04391

DATE: 11/21/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 11/21/17  
 New-E NDC: 88462-0298-55  
 Retail Price: \$70.99 Your Insurance Saved You: \$57.66

\$ 13.33

A. GRAFF, MD  
 MFG: GLENMARK  
 XXX/MIC/MIC/MIC

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 163263437034051999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate  
 Receipt

Pharmacy use only

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM QTY 45

88462-0298-55

UNIT OF USE

MON 2:02PM

New-E

XXX/MIC/MIC/MIC

INPT-1707 6826709855 508268 5332 677 376 R2M2926

**WARNING/CAUTION:** Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. A fast heartbeat. A heartbeat that does not feel normal. Change in hearing. Hearing loss. Chest pain or pressure. Ringing in ears. Seizures. Very bad dizziness or passing out. Trouble swallowing or speaking. Fever. Swollen gland. Vaginal itching or discharge. It is common to have diarrhea when taking this

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382 12T

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1920792-04391

DATE: 11/21/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**

QTY: 6 3 REFILLS BEFORE 11/21/17  
 New-E NDC: 50111-0787-51  
 Retail Price: \$35.99 Your Insurance Saved You: \$34.02

\$ 1.97

A. GRAFF, MD  
 MFG: TEVA  
 XXX/MIC/MIC/MIC

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 163263442477070999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer  
 Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1920792-04391

DATE: 11/21/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**

QTY: 6 3 REFILLS BEFORE 11/21/17  
 New-E NDC: 50111-0787-51  
 Retail Price: \$35.99 Your Insurance Saved You: \$34.02

\$ 1.97

A. GRAFF, MD  
 MFG: TEVA  
 XXX/MIC/MIC/MIC

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 163263442477070999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate  
 Receipt

Pharmacy use only

AZITHROMYCIN 250MG TABLETS 6-PAK

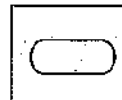
50111-0787-51

UNIT OF USE

QTY 6  
 10 DRAM

MON 2:03PM

New-E



WHITE  
 FRONT: PLIVA  
 BACK: 787

XXX/MIC/MIC/MIC

INPT-1707 50111078751 508268 5332 677 376 R2M2926



Platinum Card®

BRAD CULVERHOUSE  
Closing Date 10/26/16 Next Closing Date 11/25/16

AMERICAN EXPRESS  
p.1/17

Account Ending 8-27007

**New Balance** [REDACTED]

**Please Pay By** 11/10/16\*

**Membership Rewards Points**

[REDACTED]

**Account Summary**

[REDACTED]

**New Balance** [REDACTED]

**Customer Care**

Pay by Computer  
americanexpress.com/pbc

[REDACTED]

- See page 2 for important information about your account.
- See page 9 for an important change to your account terms.
- See page 11 for important changes to your account terms.
- See page 13 for important information about your reward program.
- See page 14 for a notice of change to the membership rewards program terms & conditions.
- Your membership will be renewed next month. Please refer to the Renewal Notice on Page 8.

007500 1B

863

Please fold on the perforation below, detach and return with your payment.

**Payment Coupon**  
Do not staple or use paper clips.

**Pay by Computer**  
americanexpress.com/pbc

**Pay by Phone**  
1-800-472-9297

Account Ending 8-27007

Enter 15 digit account # on all payments.  
Make check payable to American Express.

AB 02 007200 86898 B 57 A

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570



Check here if your address or phone number has changed. Note changes on reverse side.

AMERICAN EXPRESS  
P.O. BOX 650448  
DALLAS TX 75265-0448

0000349991250310562 00081893900818939 22 H

801889811 30016



Platinum Card®  
BRAD CULVERHOUSE  
Closing Date 12/26/16 Next Closing Date 01/26/17

Account Ending 8-27007

**New Balance** [REDACTED]

**Payment Due Date** 01/20/17\*

**Member Rewards Card**

[REDACTED]

**Account Summary**

[REDACTED]

**New Balance** [REDACTED]

**Customer Care**

**Pay by Computer**  
americanexpress.com/pbc

See page 2 for important information about your account.

**i** As a reminder, we are changing when we assess late payment fees effective January 1, 2017. We first notified you of this change in a notice included in your billing statement in October 2016. This notice is to remind you that if we do not receive the required payment by the Payment Due Date shown at the top of your billing statement, then we will charge a late fee. Previously, you had to make the payment by the Next Closing Date to avoid the late fee.

**s** As a reminder, as of 11/26/2016, our records indicate that your account is enrolled in one or more optional product(s) which may generate a charge to your account. Please see Page 6 for more details.

Please fold on the perforation below, detach and return with your payment.

**Payment Coupon**  
Do not staple or use paper clips

**Pay by Computer**  
americanexpress.com/pbc

**Pay by Phone**  
1-800-472-9297

Account Ending 8-27007

Enter 15 digit account # on all payments.  
Make check payable to American Express.

AB 01 009576 94807 B 50 A

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

[REDACTED]

Check here if your address or phone number has changed. Note changes on reverse side.

AMERICAN EXPRESS  
P.O. BOX 650448  
DALLAS TX 75265-0448

0000249991250310562 001253741001253741 22 H



Customer Service Contact Information:  
PNC Mortgage, B6-YM07-01-7  
PO Box 1820  
Dayton, OH 45401-1820  
1-800-822-5626

Date: September 30, 2016

JOHN B CULVERHOUSE  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

Subject: Please provide insurance information for  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

Dear JOHN B CULVERHOUSE:

Our records show that your hazard insurance expired, and we do not have evidence that you have obtained new coverage. **Because hazard insurance is required on your property, we plan to buy insurance for your property.** You must reimburse us for any period during which the insurance we buy is in effect but you do not have insurance.

You should immediately provide us with your insurance information. This information must be provided in writing. All you need to do is ask your insurance agent to include the loan number and property address above on a copy of your new/renewal policy or notice of reinstatement and fax it with a Mortgagee Clause/Lender's Loss Payable Endorsement as soon as possible to: 1-937-324-7101. You/your agent can mail the documents to:

PNC BANK, NA  
ISAOA, ATIMA  
P O BOX 7433  
SPRINGFIELD, OH 45501-7433

Loan Number: [REDACTED]

Or, you may update your hazard insurance coverage information online at [www.MyCoverageInfo.com](http://www.MyCoverageInfo.com), referencing [REDACTED].

The insurance we buy:

- May be more expensive than the insurance you can buy yourself.
- May not provide as much coverage as an insurance policy you buy yourself.

If you have any questions, please contact us at 1-888-229-5429.

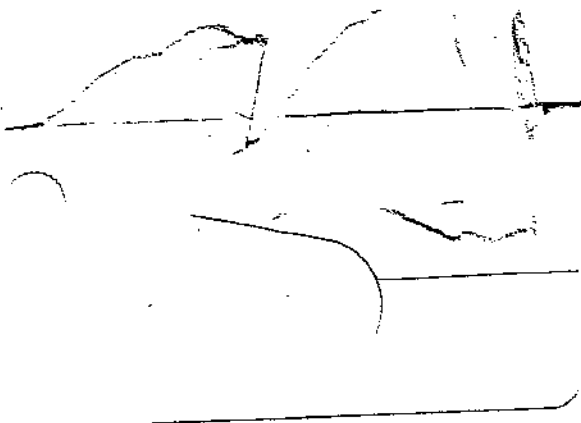
Sincerely,

PNC Mortgage Insurance Department

Please review the additional important information contained on the following pages of this letter.

To request information or notify us of an error regarding your account, please send a written request/notice to PNC Mortgage; PO Box 8807; Dayton, OH 45401-8807





PRESORTED  
FIRST CLASS

10-15

GENEY BOWEN  
US POSTAGE  
50039  
OCT 04 2018  
ZIP 01940  
000310  
21 3007665

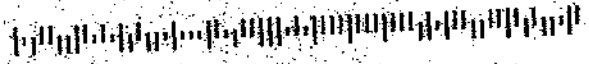


**TANT INFORMATION CONCERNING YOUR HOMEOWNER'S INSURANCE COVERAGE**

28

HDD-13B

34949





**Customer Service Contact Information:**  
PNC Mortgage, B6-YM07-01-7  
PO Box 1820  
Dayton, OH 45401-1820  
1-800-822-5626

October 3, 2016

JOHN B CULVERHOUSE  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

**Property Address:**

1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

**COVERAGE AMOUNT:** \$150,000  
**EFFECTIVE DATE:** 09/16/2016  
**CANCEL DATE:** 09/16/2016

**Loan No.**

Dear Borrower:

Thank you for providing evidence of your hazard insurance. We have updated our records to reflect this current information. Any temporary coverage has been canceled without charge to your account. Please accept our apologies for any inconvenience caused by this process.

If you have further questions about your insurance, please call our PNC Mortgage Homeowners Insurance Processing Center at 1-888-229-5429.

Sincerely,

Insurance Department

To request information or notify us of an error regarding your account, please send a written request/notice to PNC Mortgage; PO Box 8807; Dayton, OH 45401-8807

2112H5BF-0115





**Payment Coupon**  
Do not staple or use paper clips.



**Pay by Computer**  
americanexpress.com/pbc



**Pay by Phone**  
1-800-472-9297

**Account Ending 8-27007**

Enter 15 digit account # on all payments.  
Make check payable to American Express.

AB 01 009450 03954 B 50 A



**BRAD CULVERHOUSE**  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Please Pay By  
**10/10/16**  
Amount Due  
**\$7,641.59**



**AMERICAN EXPRESS**  
P.O. BOX 650448  
DALLAS TX 75265-0448



Check here if your address or  
phone number has changed.  
Note changes on reverse side.

0000349991250310562 000764159000764159 22 H

000003010 10509817 28816 (082)



**USAA CASUALTY INSURANCE COMPANY**

(A Stock Insurance Company)  
9800 Fredericksburg Road - San Antonio, Texas 78288

**FLORIDA AUTO POLICY  
RENEWAL DECLARATIONS  
(ATTACH TO PREVIOUS POLICY)**

ADDL INFO ON NEXT PAGE MAIL MCH-M-I  
RENEWAL OF

State	08 10 11	Veh	POLICY NUMBER
FL	479479479	Terr	[REDACTED]
POLICY PERIOD:		(12:01 A.M. standard time)	
EFFECTIVE FEB 10 2016 TO AUG 10 2016			
OPERATORS			
01 SUSAN D CULVERHOUSE			
03 JOHN B CULVERHOUSE SR			
08 JOHN B CULVERHOUSE JR			

**Named Insured and Address**

SUSAN D CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Description of Vehicle(s)							VEH USE*	WORK/SCH	
VEH	YEAR	TRADE NAME	MODEL	BODY TYPE	ANNUAL MILEAGE	IDENTIFICATION NUMBER	SYM	Miles One Way	Day Per Week
08	95	MERCEDES	S CLS 4D 500	4 DOOR	12000	WDBGA51E9SA236628			
10	99	MERCEDES	M CLASS	4 DOOR	18000	4JGAB72E4XA075896			
11	00	MERCEDES	S CLS 4D 430	4 DOOR	22000	WDBNG70J6YA110378			

The Vehicle(s) described herein is principally garaged at the above address unless otherwise stated. W/C-Work/School; B-Business; F-Farm; P-Pleasure

VEH 08 FORT PIERCE FL 34950-8544      VEH 11 FORT PIERCE FL 34950-8544  
VEH 10 FORT PIERCE FL 34950-8544

This policy provides ONLY those coverages where a premium is shown below. The limits shown may be reduced by policy provisions and may not be combined regardless of the number of vehicles for which a premium is listed unless specifically authorized elsewhere in this policy.

COVERAGES	LIMITS OF LIABILITY ("ACV" MEANS ACTUAL CASH VALUE)	VEH 08 6-MONTH		VEH 10 6-MONTH		VEH 11 6-MONTH		VEH	
		D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$	D=DED AMOUNT	PREMIUM \$
<b>PART A - LIABILITY</b>									
BODILY INJURY	EA PER \$ 300,000								
	EA ACC \$ 500,000		216.28		293.54		224.15		
PROPERTY DAMAGE	EA ACC \$ 100,000		51.43		59.74		42.95		
<b>PART B - MEDICAL PAYMENTS</b>									
	EA PER \$ 100,000		35.81		62.95		46.60		
<b>PART B - PERSONAL INJURY PROTECTION</b>									
	MAXIMUM BENEFITS \$10,000		31.10		52.74		39.41		
<b>PART C - UNINSURED MOTORISTS</b>									
STACKED									
BODILY INJURY	EA PER \$ 300,000								
	EA ACC \$ 500,000		164.42		191.62		164.42		
<b>PART D - PHYSICAL DAMAGE COVERAGE</b>									
COMPREHENSIVE LOSS	ACV LESS D 100	64.55		37.50		55.12			
COLLISION LOSS	ACV LESS D 100	112.89		102.49		134.86			
TOTAL PREMIUM - SEE FOLLOWING PAGE(S)									

ADDITIONAL INTEREST - EMPLOYER  
COLDWELL BANKER ED SCHLIPP REA, VERO BEACH, FL  
LOSS PAYEE

VEH 08 HARBOR FEDERAL, FORT PIERCE FL  
VEH 10 HARBOR FEDERAL SAVINGS BANK, FORT PIERCE FL  
VEH 11 HARBOR FEDERAL SAVINGS BANK, FORT PIERCE FL

ENDORSEMENTS: ADDED 02-10-16 - NONE  
REMAIN IN EFFECT(REFER TO PREVIOUS POLICY)- 5100FL(02) A073(05) A402FL(01)  
INFORMATION FORMS: 999FL(03)

08	RMF6600000	10	RSM3500000	11	RMM6900000
----	------------	----	------------	----	------------

In WITNESS WHEREOF, we have caused this policy to be signed by our President and Secretary at San Antonio, Texas, on this date, DECEMBER 24, 2015.

COUNTERSIGNED BY

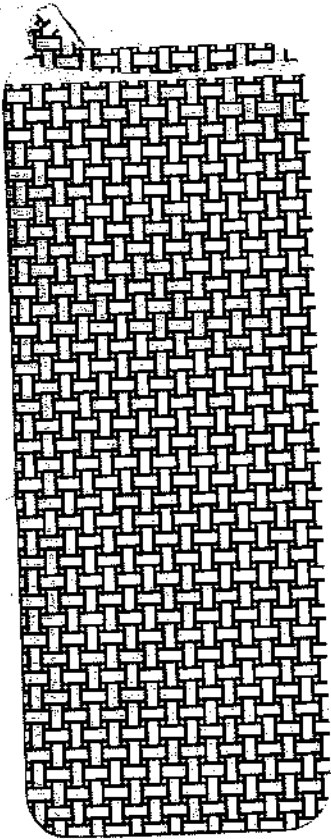
*Steven Alan Bennett*  
Steven Alan Bennett, Secretary

*Alan W. Krapf*  
Alan W. Krapf, President



9800 Fredericksburg Road  
San Antonio, Texas 78288

IMPORTANT INFORMATION FROM USAA ENCLOSED



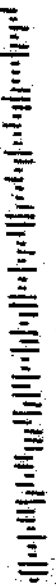
**YOU'RE READY FOR ANYTHING  
WITH USAA MOBILE.  
»» USAA.COM/READY**

PRESORTED  
FIRST CLASS



PRIMEY BOWES  
US POSTAGE  
\$00.39  
JAN 08 2016  
ZIP 009916  
21 3006124

029 LIZJASB 34949





General Indemnity Company  
 National Flood Insurance Program  
 9800 Fredericksburg Road  
 San Antonio, Texas 78288-0489

**STANDARD FLOOD POLICY NOTICE**

**Do Not Pay**  
 This is a courtesy copy. Your lender has been billed.

Date: 01/09/2016  
 Policy: [REDACTED]  
 Expiration Date: 02/22/2016

Insured Name:  
 JOHN B CULVERHOUSE  
 SUSAN D CULVERHOUSE  
 1635 THUMB POINT DR  
 FORT PIERCE, FL 34949-3570

Insured Property Location:  
 1635 THUMB POINT DRIVE  
 FORT PIERCE, FL 34949-3570

Lender:  
 PNC BANK, NATIONAL ASSOCIATION  
 ISAQA ATIMA  
 PO BOX 7433  
 SPRINGFIELD, OH 45501-7433

Second Lender:  
 PNC BANK NA  
 Insurance Center  
 PO BOX 703579  
 DALLAS, TX 75370-3579

Loan #: [REDACTED]

Loan #: [REDACTED]



9800 Fredericksburg Road  
 San Antonio, Texas 78288-0489

Coverage Options	Building	Coverages	Contents
A. Renewal coverage	\$ 250,000		\$ 60,700
B. Increased coverage	\$ 250,000		\$ 63,700

See reverse side for important information.  
 Note: The National Flood Insurance Program has amended the minimum calculated from the amount of building coverage purchased. Please contact your agent for more information.  
 Increasing the deductible will decrease your premium.

**RETURN SERVICE  
 REQUESTED**



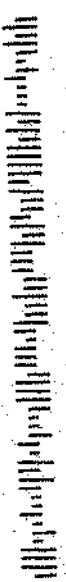
PRESORTED  
 FIRST CLASS



US POSTAGE  
 \$00.39  
 JAN 11 2016  
 46204  
 3001699

**IMPORTANT**  
 Flood Insurance Premium  
 Notice Enclosed

LOT#LEB 34949





A Division of PNC Bank, National Association

January 08, 2016

John B Culverhouse  
Susan D Culverhouse  
1635 Thumbpoint Dr  
Fort Pierce FL 34949

Customer Service Contact Information:  
PNC Mortgage, B6-YM07-01-7  
PO Box 1820  
Dayton, OH 45401-1820  
1-800-822-5626

Re: Loan Number: [REDACTED]



DFS Support  
P.O. BOX 1820  
Dayton, OH 45401-1820

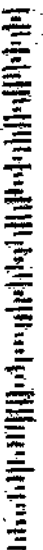
COLUMBUS  
DIS AUTH 131

Presort  
First Class Mail  
ComBasPrice



U.S. POSTAGE® PTNEY BOWE  
ZIP 45458 \$000.41  
02 1M  
0001997911 JAN 11 2016

LNB-L3B 34949





# mobile mini

January 31, 2016

4646 East Van Buren Street  
Suite 400  
Phoenix, AZ 85008  
Phone: (800) 456-1751  
Fax: 877-275-8174  
www.mobilemini.com

BRAD CULVERHOUSE  
1635 THUMB POINT DRIVE  
FORT PIERCE FL 34949

Total Invoices: \$182.03

Invoice Number: 170106415  
Due Date: February 20, 2016

Account Number: [REDACTED]  
Job Location: Brad Culverhouse  
1635 THUMB POINT DR  
FORT PIERCE FL 34949

Contract Number: C170003919  
PO Number: Brad Culverhouse  
Rental Period: 2/4/16 TO 3/2/16

Contract/Invoices are being paid by auto pay AMEX card ending # 6003

Qty	Item Number / Container
1.00	25'x 10' Premium doors on both ends
1.00	Loss Limitation Waiver MODEL: LLW
1.00	Personal Property Expense MODEL: P

INVOICE ENCLOSED

\* If not outstanding a prior up, no require to purchase keys thru

ADDRESS SERVICE  
REQUESTED

PRESORTED  
FIRST CLASS



US POST  
\$00.4  
FEB 02 2016  
ZIP 0903  
21 3005E

4444138 34949

1635 THUMB POINT DRIVE  
FORT PIERCE FL 34949



A Division of PNC Bank, National Association

February 05, 2016

John B Culverhouse  
Susan D Culverhouse  
1635 Thumbpoint Dr  
Fort Pierce FL 34949

**Customer Service Contact Information:**  
PNC Mortgage, B6-YMD7-01-7  
PO Box 1820  
Dayton, OH 45401-1820  
1-800-822-5626

Re: Loan Number: [REDACTED]



DFS Support  
P.O. BOX 1820  
Dayton, OH 45401-1820

COLUMBUS  
D/S AUTH 131

Presort  
First Class Mail  
ComBasPrice



U.S. POSTAGE® FITNEY BOWLES  
ZIP 45458 \$000.41<sup>0</sup>  
02 1W  
0001397911 FEB 09, 2016



PK1E-L3B 34949



doctor or pharmacist. This includes any medicines used to treat colds or congestion. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of this medicine. FOR WOMEN: THIS MEDICINE HAS BEEN SHOWN TO CAUSE HARM to the human fetus. IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby. FOR PATIENTS WITH DIABETES MELLITUS; this medicine may mask signs of low blood sugar such as a rapid heart rate. Check blood glucose levels regularly.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877282-04391 DATE: 02/21/16

**ATENOLOL 25MG TABLETS**  
QTY: 90 NO REFILLS - DR. AUTH REQUIRED  
Copy NDC: 00378-0218-10  
Retail Price: \$27.89 Your Insurance Saved You: \$18.18

\$ 9.83

A. RASHID, MD PLAN: AARPMPD  
MFG: MYLAN GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 160524419830073999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877282-04391 DATE: 02/21/16

**ATENOLOL 25MG TABLETS**  
QTY: 90 NO REFILLS - DR. AUTH REQUIRED  
Copy NDC: 00378-0218-10  
Retail Price: \$27.89 Your Insurance Saved You: \$18.18

\$ 9.83

A. RASHID, MD PLAN: AARPMPD  
MFG: MYLAN GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 160524419830073999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 4:46PM  
Copy  
ATENOLOL 25MG TABLETS  
00378-0218-10  
END CAP  
QTY 90  
10 DRAM



WHITE  
FRONT: M  
BACK: A2

MIC/MIC/MIC/CNW

blood magnesium levels (eg, dizziness; fast or irregular heartbeat; involuntary muscle movements; jitteriness or tremors; muscle aches, cramps, pain, spasms, or weakness; seizures). THIS MEDICINE MAY INCREASE THE RISK of hip, wrist, and spine fractures in patients with weak bones (osteoporosis). The risk may be greater if you use this medicine in high doses, for longer than a year, or if you are over 50 years old. Contact your doctor if you have any questions about this information. CHECK WITH YOUR DOCTOR to see whether you should take a calcium and vitamin D supplement while you use this medicine. LONG-TERM TREATMENT (EG, LONGER THAN 3 YEARS) with medicines like this one has rarely caused low vitamin B-12 levels. Discuss any questions or concerns with your doctor. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877281-04391 DATE: 02/21/16

**PANTOPRAZOLE 40MG TABLETS**  
QTY: 90 3 REFILLS BEFORE 09/15/16  
Copy NDC: 59746-0284-90  
Retail Price: \$317.89 Your Insurance Saved You: \$299.48

\$ 18.41

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: CADISTA GROUP# PDPIND  
CLL/MIC/MIC/CNW CLAIM REF# 160524418821079898

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877281-04391 DATE: 02/21/16

**PANTOPRAZOLE 40MG TABLETS**  
QTY: 90 3 REFILLS BEFORE 09/15/16  
Copy NDC: 59746-0284-90  
Retail Price: \$317.89 Your Insurance Saved You: \$299.48

\$ 18.41

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: CADISTA GROUP# PDPIND  
CLL/MIC/MIC/CNW CLAIM REF# 160524418821079898

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 4:46PM  
Copy  
PANTOPRAZOLE 40MG TABLETS  
59746-0284-90  
END CAP  
QTY 90  
10 DRAM



LIGHT PINK  
FRONT: C284

CLL/MIC/MIC/CNW

Med Guide

performing any task that requires good vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: DO NOT USE THIS MEDICINE if you are pregnant. IF YOU SUSPECT THAT YOU COULD BE PREGNANT, contact your doctor immediately. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850887-04391**

DATE: 02/21/16

**LUMIGAN 0.01% OPTH SOLN 2.5ML**

QTY: 5/7.5 1 REFILL BEFORE 06/11/16

Refill NDC: 00023-3205-03

Retail Price: \$393.93 Your Insurance Saved You: \$95.00

**\$ 298.93**

A. MAHARAJ, MD  
MFG: ALLERGAN  
ARL / / CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 160524442192075998

*Walgreens*

2601 VIRGINIA AVE FT PIERCE, FL 34951  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850887-04391**

DATE: 02/21/16

**LUMIGAN 0.01% OPTH SOLN 2.5ML**

QTY: 5/7.5 1 REFILL BEFORE 06/11/16

Refill NDC: 00023-3205-03

Retail Price: \$393.93 Your Insurance Saved You: \$95.00

**\$ 298.93**

A. MAHARAJ, MD  
MFG: ALLERGAN  
ARL / / CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 160524442192075998

*Walgreens*

2601 VIRGINIA AVE FT PIERCE, FL 34951  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 4:50PM  
Refill

LUMIGAN 0.01% OPTH SOLN 2.5ML  
00023-3205-03  
ALPHA

QTY 5/7.5

LIQUID

ARL / / CNW

vision. Make sure your vision is clear before driving or performing any task that requires good vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: DO NOT USE THIS MEDICINE if you are pregnant. IF YOU SUSPECT THAT YOU COULD BE PREGNANT, contact your doctor immediately. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850887-04391**

DATE: 02/21/16

**LUMIGAN 0.01% OPTH SOLN 2.5ML**

QTY: 2.5/7.5 PARTIAL REFILL BEFORE 06/11/16

Refill NDC: 00023-3205-03

Retail Price: \$196.36 Your Insurance Saved You: \$95.13

**\$ 101.83**

A. MAHARAJ, MD  
MFG: ALLERGAN  
ARL / / CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 160524442192075997

*Walgreens*

2601 VIRGINIA AVE FT PIERCE, FL 34951  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

**RX # 1850887-04391**

DATE: 02/21/16

**LUMIGAN 0.01% OPTH SOLN 2.5ML**

QTY: 2.5/7.5 PARTIAL REFILL BEFORE 06/11/16

Refill NDC: 00023-3205-03

Retail Price: \$196.36 Your Insurance Saved You: \$95.13

**\$ 101.83**

A. MAHARAJ, MD  
MFG: ALLERGAN  
ARL / / CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 160524442192075997

*Walgreens*

2601 VIRGINIA AVE FT PIERCE, FL 34951  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 4:50PM  
Refill

LUMIGAN 0.01% OPTH SOLN 2.5ML  
00023-3205-03  
ALPHA

QTY 2.5/7.5

LIQUID

ARL / / CNW

WIC# 216382



General Indemnity Company  
 National Flood Insurance Program (NFIP)  
 9800 Fredericksburg Road  
 San Antonio, Texas 78288-0489

Policy Number: [REDACTED]

**STANDARD POLICY**

Renewal Flood Policy Declaration

Policy Period: 02/22/2016 to 02/22/2017 (12:01 a.m.)

Named Insured / Property Location

JOHN B CULVERHOUSE  
 SUSAN D CULVERHOUSE  
 1635 THUMB POINT DRIVE  
 FORT PIERCE, FL 34949-3570

Additional Insured:

Premium Payor: First Mortgagee

**COVERAGE INFORMATION**

Coverage Type	Coverage Limit	Deductible	Premium
Building	\$ 250,000	\$ 2,000	\$ 2,908.00
Contents	\$ 60,700	\$ 2,000	\$ 1,131.00
		Deductible Adjustment:	\$ 0.00
		Community Discount:	\$ -819.00
		Increased Cost of Compliance:	\$ 55.00
		Reserve Fund Assessment:	\$ 491.00
		HFIAA Surcharge:	\$ 250.00
		Federal Policy Fee:	\$ 45.00
		Total Premium Paid:	\$ 4,061.00
Pre-FIRM Subsidized Replacement Cost:	\$ 11,650,000		

RETURN SERVICE  
 REQUESTED



PRESORTED  
 FIRST CLASS



POSTNET  
 USPO  
 \$00  
 JAN  
 ZIP  
 02  
 300



9800 Fredericksburg Road  
 San Antonio, Texas 78288

**IMPORTANT INFORMATION FROM USAA ENCLOSED**

**First Mortgagee**

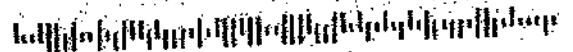
PNC BANK, NATIONAL ASSOCIATION  
 ISAOA ATIMA  
 PO BOX 7433  
 SPRINGFIELD, OH 45501-7433

Loan Number: [REDACTED]

**Other Mortgagee**

**Loss Payee**

LQTPLE56 34949



drowsiness, severe or persistent headache, or vision changes. Discuss any questions or concerns with your doctor. Use this medicine with caution in the ELDERLY; they may be more sensitive to its effects, especially thinning skin. CORTICOSTEROIDS MAY AFFECT GROWTH RATE in CHILDREN and teenagers in some cases. They may need regular growth checks while using a corticosteroid. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU BECOME PREGNANT, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. IT IS NOT KNOWN IF THIS MEDICINE IS FOUND IN BREAST MILK. If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**  
1635 Thambi Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877717-04391

DATE: 02/23/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 02/09/17

New NDC: 00472-0379-45

Retail Price: \$69.99 Your Insurance Saved You: \$67.99

\$ 2.00

A. GRAFF, MD  
MFG:ACTAVIS  
MIC/MIC/MIC/

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 180544557421084999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34931  
PH: (772)595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**  
1635 Thambi Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877717-04391

DATE: 02/23/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 02/09/17

New NDC: 00472-0379-45

Retail Price: \$69.99 Your Insurance Saved You: \$67.99

\$ 2.00

A. GRAFF, MD  
MFG:ACTAVIS  
MIC/MIC/MIC/

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 180544557421084999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34931  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

TUE 5:00PM  
New

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM QTY 45

00472-0379-45

UNIT OF USE

MIC/MIC/MIC/

medicine. This medicine may cause drowsiness, dizziness, blurred vision, or lightheadedness. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE increased sensitivity to the sun. Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. MILD DIARRHEA IS COMMON with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**  
1635 Thambi Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877716-04391

DATE: 02/23/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**

QTY: 6 2 REFILLS BEFORE 02/09/17

New NDC: 50111-0787-51

Retail Price: \$34.99 Your Insurance Saved You: \$32.99

\$ 2.00

A. GRAFF, MD  
MFG:TEVA  
MIC/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 180544556569073999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34931  
PH: (772)595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**  
1635 Thambi Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1877716-04391

DATE: 02/23/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**

QTY: 6 2 REFILLS BEFORE 02/09/17

New NDC: 50111-0787-51

Retail Price: \$34.99 Your Insurance Saved You: \$32.99

\$ 2.00

A. GRAFF, MD  
MFG:TEVA  
MIC/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 180544556569073999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34931  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

TUE 5:00PM  
New

AZITHROMYCIN 250MG TABLETS 6-PAK

50111-0787-51

UNIT OF USE

QTY 6  
10 DRAM



WHITE  
FRONT: PLIVA  
BACK: 787

MIC/MIC/MIC/MIC

WIC# 216382

OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this medicine. THIS MEDICINE MAY CAUSE DROWSINESS, dizziness, blurred vision, or light-headedness. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Check with your doctor before you drink alcohol while you use this medicine. Contact your doctor if you have an eye injury or infection, or if you will be having eye surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU BECOME PREGNANT, discuss with your doctor the benefits

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
5611716-4728

RX # 1862757-04391 DATE: 02/25/18

**SIMBRINZA 1-0.2% SUSPENSION 8ML**  
QTY: 24 NO REFILLS - DR. AUTH REQUIRED  
Refill NDC: 00065-4147-27  
Retail Price: \$491.88 Your Insurance Saved You: \$445.89

\$ 46.00

K. LANGLEY JR, MD PLAN: AARPMPD  
MFG: ALCON GROUP# PDPIND  
YYY / / CNW CLAIM REF# 160560418223015999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772) 595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
5611716-4728

RX # 1862757-04391 DATE: 02/25/18

**SIMBRINZA 1-0.2% SUSPENSION 8ML**  
QTY: 24 NO REFILLS - DR. AUTH REQUIRED  
Refill NDC: 00065-4147-27  
Retail Price: \$491.88 Your Insurance Saved You: \$445.89

\$ 46.00

K. LANGLEY JR, MD PLAN: AARPMPD  
MFG: ALCON GROUP# PDPIND  
YYY / / CNW CLAIM REF# 160560418223015999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772) 595-3077

Duplicate Receipt

Pharmacy use only

00AM

SIMBRINZA 1-0.2% SUSPENSION 8ML  
00065-4147-27  
ALPHA

QTY 24

LIQUID

YYY / / CNW

eyes. DO NOT TAKE SELDANE (terfenadine) or HISMANAL (astemizole) while using this medicine. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
5611716-4728

RX # 1878924-04391 DATE: 03/01/18

**KETOCONAZOLE 2% CREAM 60GM**  
QTY: 60 1 REFILL BEFORE 03/01/17  
New-E NDC: 00713-0671-60  
Retail Price: \$132.99 Your Insurance Saved You: \$130.99

\$ 2.00

P. OTTARO, MD PLAN: AARPMPD  
MFG: G & W LABS GROUP# PDPIND  
AAC/CNW/CNW/CNW CLAIM REF# 160614230496045998

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772) 595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
5611716-4728

RX # 1878924-04391 DATE: 03/01/18

**KETOCONAZOLE 2% CREAM 60GM**  
QTY: 60 1 REFILL BEFORE 03/01/17  
New-E NDC: 00713-0671-60  
Retail Price: \$132.99 Your Insurance Saved You: \$130.99

\$ 2.00

P. OTTARO, MD PLAN: AARPMPD  
MFG: G & W LABS GROUP# PDPIND  
AAC/CNW/CNW/CNW CLAIM REF# 160614230496045998

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772) 595-3077

Duplicate Receipt

Pharmacy use only

TUE 4:11PM  
New-E

KETOCONAZOLE 2% CREAM 60GM  
00713-0671-60  
ALPHA

QTY 60

AAC/CNW/CNW/CNW

alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal". Tell your doctor if you develop any new symptoms. IF YOU ARE TAKING THIS MEDICINE FOR ANGINA, it will not relieve the pain of an

with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)718-4726

RX # 1865185-04391 DATE: 03/11/16

AMLODIPINE BESYLATE 10MG TABLETS  
QTY: 90 2 REFILLS BEFORE 09/15/16  
Refill NDC: 68180-0752-03  
Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: LUPIN GROUP# PDPIND  
YYY / / CNW CLAIM REF# 160710416019029999

Walgreens 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)718-4726

RX # 1865185-04391 DATE: 03/11/16

AMLODIPINE BESYLATE 10MG TABLETS  
QTY: 90 2 REFILLS BEFORE 09/15/16  
Refill NDC: 68180-0752-03  
Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPD  
MFG: LUPIN GROUP# PDPIND  
YYY / / CNW CLAIM REF# 160710416019029999

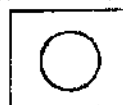
Walgreens 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 1:00AM Refill  
AMLODIPINE BESYLATE 10MG TABLETS  
68180-0752-03  
END CAP

QTY 90  
20 DRAM



WHITE  
FRONT: LU  
BACK: H13

YYY / / CNW

DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, emergency care, or surgery, tell the doctor or dentist that you are using this medicine. YOUR DOCTOR MAY HAVE ALSO PRESCRIBED a potassium supplement for you. If so, follow the dosing carefully. Do not start taking additional potassium on your own or change your diet to include more potassium without first checking with your doctor. THIS MEDICINE MAY CAUSE DIZZINESS or blurred vision. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)718-4726

RX # 1882311-04391 DATE: 03/18/16

FUROSEMIDE 20MG TABLETS  
QTY: 90 3 REFILLS BEFORE 03/18/17  
New-E NDC: 00603-3739-32  
Retail Price: \$16.99 Your Insurance Saved You: \$12.99

\$ 3.00

A. RACHIS, MD PLAN: AARPMPD  
MFG: QUALITEST GROUP# PDPIND  
CNW/CNW/CNW/CNW CLAIM REF# 160785119293074998

Walgreens 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)718-4726

RX # 1882311-04391 DATE: 03/18/16

FUROSEMIDE 20MG TABLETS  
QTY: 90 3 REFILLS BEFORE 03/18/17  
New-E NDC: 00603-3739-32  
Retail Price: \$16.99 Your Insurance Saved You: \$12.99

\$ 3.00

A. RACHIS, MD PLAN: AARPMPD  
MFG: QUALITEST GROUP# PDPIND  
CNW/CNW/CNW/CNW CLAIM REF# 160785119293074998

Walgreens 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

FRI 6:37PM New-E  
FUROSEMIDE 20MG TABLETS  
00603-3739-32  
END CAP

QTY 90  
10 DRAM



WHITE  
FRONT: 3169  
BACK: V

CNW/CNW/CNW/CNW

Medicine may cause dizziness, lightheadedness, or feeling alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal". Tell your doctor if you develop any new symptoms. IF YOU ARE TAKING THIS MEDICINE FOR ANGINA, it will not relieve the pain of an

with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(887)716-4726

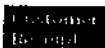
RX # 1865185-04391 DATE: 03/11/16

**AMLODIPINE BESYLATE 10MG TABLETS**  
QTY: 90 2 REFILLS BEFORE 09/15/16  
Refill NDC: 68180-0752-03  
Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPO  
MFG: LUPIN GROUP# PDPIND  
YYY / ICNW CLAIM REF# 180710416019029999

*Walgreens* 2501 VIRGINIA AVE FT PIERCE, FL 34907  
PH: (772)595-3077



**JOHN CULVERHOUSE SR**  
1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(887)716-4726

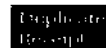
RX # 1865185-04391 DATE: 03/11/16

**AMLODIPINE BESYLATE 10MG TABLETS**  
QTY: 90 2 REFILLS BEFORE 09/15/16  
Refill NDC: 68180-0752-03  
Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD PLAN: AARPMPO  
MFG: LUPIN GROUP# PDPIND  
YYY / ICNW CLAIM REF# 160710416019029999

*Walgreens* 2501 VIRGINIA AVE FT PIERCE, FL 34907  
PH: (772)595-3077



Pharmacy use only

SUN 1:00AM AMLODIPINE BESYLATE 10MG TABLETS  
Refill 68180-0752-03  
END CAP

QTY 90  
20 DRAM



WHITE  
FRONT: LU  
BACK: H13

YYY / ICNW

DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, emergency care, or surgery, tell the doctor or dentist that you are using this medicine. YOUR DOCTOR MAY HAVE ALSO PRESCRIBED a potassium supplement for you. If so, follow the dosing carefully. Do not start taking additional potassium on your own or change your diet to include more potassium without first checking with your doctor. THIS MEDICINE MAY CAUSE DIZZINESS or blurred vision. Do not drive, operate machinery, or do anything else that could be dangerous until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. THIS MEDICINE MAY CAUSE

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(887)716-4726

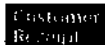
RX # 1882311-04391 DATE: 03/18/16

**FUROSEMIDE 20MG TABLETS**  
QTY: 90 3 REFILLS BEFORE 03/18/17  
New-E NDC: 00603-3739-32  
Retail Price: \$15.99 Your Insurance Saved You: \$12.99

\$ 3.00

A. BASHID, MD PLAN: AARPMPO  
MFG: QUALITEST GROUP# PDPIND  
CNW/CNW/CNW/CNW CLAIM REF# 160785119293074998

*Walgreens* 2501 VIRGINIA AVE FT PIERCE, FL 34907  
PH: (772)595-3077



**JOHN CULVERHOUSE SR**  
1835 Thumb Point Dr, Fort Pierce, FL 349493570  
(887)716-4726

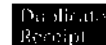
RX # 1882311-04391 DATE: 03/18/16

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QTY: 90 3 REFILLS BEFORE 03/18/17  
New-E NDC: 00603-3739-32  
Retail Price: \$15.99 Your Insurance Saved You: \$12.99

\$ 3.00

A. BASHID, MD PLAN: AARPMPO  
MFG: QUALITEST GROUP# PDPIND  
CNW/CNW/CNW/CNW CLAIM REF# 160785119293074998

*Walgreens* 2501 VIRGINIA AVE FT PIERCE, FL 34907  
PH: (772)595-3077



Pharmacy use only

FRI 6:37PM FUROSEMIDE 20MG TABLETS  
New-E 00603-3739-32  
END CAP

QTY 90  
10 DRAM



WHITE  
FRONT: 3169  
BACK: V

CNW/CNW/CNW/CNW

# PROJECT DRAW 5

INVOICE NO.

DATE 03/07/16

Project Address 1635 Thumb Point Drive

Fort Pierce, Florida 34949

PH: 888-888-8888

TO: John D Culverhouse as Trustee  
1635 Thumb Point Drive  
Fort Pierce, FL 34949

DATE	DESCRIPTION	PAID	AMOUNT	TOTAL
	CLIENT CREDIT AS OF 12/30/15		\$ 5,064.49	
2/3/16	G19420/6 East Coast Lumber - vernier caliper 5"	Paid	\$12.85	
2/3/16	East Coast Lumber - wire brushes, grinder blades for sanding rebar from stockroom	Paid	\$12.00	
2/3/16	East Coast Lumber - free standing permit box assembly including weather proof plastic permit box	Paid	\$25.00	
2/3/16	East Coast Lumber - pool safety fence	Paid	\$50.00	
2/3/16	4 x 4 uprights	Paid	N/C	
2/3/16	plastic buckets	Paid	N/C	
2/3/16	East Coast Lumber - concrete	Paid	\$2.00	
2/3/16	East Coast Lumber - replacement security locks	Paid	\$16.00	
2/13/16	Construction Materials - rebar	Paid	\$25.88	
2/28/16	Purchase of 2-cycle oil for lawn equipment	Paid	\$1.50	
2/29/16	D40138 Reliable Septic & Services - dumpster container/delivery		\$26.50	
3/1/16	5973 City of Fort Pierce-refee and NOC RTPD Ck #5695	Paid	\$12.00	
3/1/16	1216135 St Lucie Cty - Recording of NOC RTPD Ck#5694	Paid	\$12.00	
3/9/16	Fort Pierce Utilities - water meter RTPD ck #5701	Paid	\$10.00	
3/4/16	Fort Pierce Utilities - temp pole - paid by client/their check #1537	Paid	\$175.00	
3/3/16	11374 Joe's Electric of St Lucie County - balance for temp power pole with passed inspection		\$180.00	
3/1/16	51941 Reliable Septic & Services - Monthly maintenance of portable toilet - month of March		\$15.00	



A Division of PNC Bank, National Association

March 04, 2016

John B Culverhouse  
Susan D Culverhouse  
1635 Thumbpoint Dr  
Fort Pierce FL 34949

**Customer Service Contact Information:**  
PNC Mortgage, E6-YM07-01-7  
PO Box 1820  
Dayton, OH 45401-1820  
1-800-822-5626

Re: Loan Number: [REDACTED]



DFS Support  
P.O. BOX 1820  
Dayton, OH 45401-1820

COLUMBUS  
DIS AUTH 131

Presort  
First Class Mail  
ComBasPrice



U.S. POSTAGE  
PINEY BOWES  
ZIP 45458 \$000.41  
02 1W  
0001397911 MAR 09 2016



ENB-C3B 34949



**Did you know that one in four adults has a spouse or significant other with a hearing loss**

It's so important for people in a relationship to stay connected. When you suffer from hearing problems you don't feel that same strong connection to each other and to loved ones that you used to have.

Now is a great time to call our office to learn how a hearing system can improve the quality of your life. We're offering a **FREE** hearing evaluation and many special offers if it's determined you could benefit from a hearing aid. Call our office to schedule your appointment. Don't let poor hearing affect your relationships another day.

Re-connect with loved ones.  
Re-connect with friends.  
Re-connect with life!



**FREE BATTERIES!**

**1 year supply of batteries with purchase of hearing aid.**

Offer Expires June 15, 2016

Associated Coastal ENT Physicians  
4632 S. 25th Street  
Fort Pierce, FL 34981

Presorted  
Standard  
U.S. Postage  
**PAID**  
Permit No. 6784  
Carol Stream, IL

↓ Appointments are available  
**June 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup>, 2016**

*Appointments are limited, so the sooner you call, the better!*

**ASSOCIATED COASTAL ENT PHYSICIANS**

*"Two Convenient Locations to Better Serve You"*

4632 S. 25th Street  
Fort Pierce, FL

1731 SW Gatlin Blvd.  
Port St. Lucie, FL

**(772) 464-9595**

**(772) 335-1351**

T2 P2 \*\*\*\*\*AUTO\*\*5-DIGIT 34946 \* 1430

Brad Culverhouse  
1635 Thumb Point Dr  
Fort Pierce, FL 34949-3570





P.O. Box 547 | Bartow, FL 33831-0547

PRE-SORTED  
STANDARD  
U.S. POSTAGE  
**PAID**  
PERMIT #  
LAKELAND, FL

Mr. John B. Culverhouse  
1635 Thumb Point Dr  
Fort Pierce, FL 34949-3570

14

CORDIALLY INVITE YOU TO A  
FRIENDS OF FLORIDA AGRICULTURE BARBECUE  
HONORING

**ADAM PUTNAM**

COMMISSIONER OF AGRICULTURE

FEATURING REPUBLICAN U.S. SENATE CANDIDATES

CONGRESSMAN RON DESANTIS, LT. GOVERNOR CARLOS LÓPEZ-CANTERA, & TODD WILCOX

SATURDAY, APRIL 2, 2016  
12:00PM

BEN HILL GRIFFIN'S PEACE RIVER RANCH  
1445 BEN HILL GRIFFIN ROAD  
ZOLFO SPRINGS, FL 33890

\$25 PER PERSON - \$50 PER FAMILY - KIDS COME FREE

TO PURCHASE TICKETS PLEASE VISIT: [WWW.FLORIDAGROWNEVENTSBRITE.COM](http://WWW.FLORIDAGROWNEVENTSBRITE.COM)  
OR  
KINDLY RSVP TO [JULIE FAZEKAS AT \[RSVP@adamputnam.com\]\(mailto:julie.fazekas@adamputnam.com\)](mailto:julie.fazekas@adamputnam.com) OR 863.537.7001

CONTRIBUTIONS TO FLORIDA GROWER P.C. AND UNAFFILIATED PERSONS, AND CORPORATE  
PLEASE MAKE CHECKS PAYABLE TO FLORIDA GROWER P.C.  
CONTRIBUTIONS ARE NOW BEING TAKEN FOR BENEFIT OF THE SENATE CANDIDATES  
PARTIAL ADVERTISING PAID FOR BY FLORIDA GROWER P.C. 2016. LAKELAND, FL 33890

**Cardiovascular Consultants**

2215 Nebraska Avenue, Suite 2E  
Fort Pierce, FL 34950  
Tel: 772-461-6812  
Fax: 772-461-6816

**Summary of Today's Visit**

**CULVERHOUSE, JOHN BRADFORD**

**DOB** [REDACTED]

**Account No 3399**

**Gender: Male**

**Race: White**

**Ethnicity: Not Hispanic or Latino**

**Preferred Language: English**

**03/18/2016 visit with Ahmad Rashid, MD**

**Medication List**

**Other medications you are on**

- Taking Nitrostat : 0.4 mg 1 tab(s) sublingually every 5 minutes, 25 , Refills: 3
- Taking phentermine : 37.5 mg 1 cap(s) orally twice a day, 90 days , 180 , Refills: 3
- Taking indomethacin : 25 mg 1 cap(s) orally 3 times a day prn, 90 days , 270 , Refills: 3
- Taking Norvasc : 10 1 tab(s) orally once a day, 90 , 90 , Refills: 3
- Taking Glucophage : 500 mg 1 tab orally once a day, 90 , 90 , Refills: 3
- Taking Lotensin : 40 mg 1 tab(s) orally once a day, 90 , 90 , Refills: 3
- Taking Lasix : 20 mg 1 tab(s) orally once a day prn, 90 , 90 , Refills: 3
- Taking atenolol : 25 mg 1 tab(s) orally once a day, 90 , 90 Tab , Refills: 2
- Taking Protonix : 40 mg 1 tab(s) orally once a day, 90 , 90 Unspecified , Refills: 2

**Smoking Status**

- nonsmoker

**Your Next Appointment(s)**

- **Fri, 16 Sep 2016 at 03:00 PM** with Ahmad Rashid, MD at CARDIOVASCULAR CONSULTANTS 2215 NEBRASKA AVENUE SUITE 2E FORT PIERCE, FL 349504866 Phone: 772-461-6812 (Reason: 6 MONTH OFFICE VISIT)

Summary of Today's Visit for - CULVERHOUSE, JOHN BRADFORD DOB [REDACTED] Account No [REDACTED]  
**CARDIOVASCULAR CONSULTANTS 2215 NEBRASKA AVENUE FORT PIERCE, FL 349504866 772-461-6812**

Summary generated by eClinicalWorks (www.eclinicalworks.com)

*This document contains confidential information about your health. To maintain your privacy, do not throw this document in the trash. If you do not wish to keep this document for your records, please shred or otherwise securely dispose of your copy. If you are not the intended recipient, please destroy this document and report it to the physician's office named above.*



**FORT PIERCE UTILITIES AUTHORITY**  
**PO BOX 3191**  
**FORT PIERCE FL 34948-3191**  
**WWW.FPUA.COM**

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at WWW.FPUA.COM. For questions about your bill, please call FPUA at (772) 466-1600. (CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Service Address: 1635 THUMB POINT DR		Statement Date: 3/30/2016				
Account Number	Amount of Last Bill	Payments Received	Past Due	New Charges	New Charges Due Date	Total Due
[REDACTED]	\$0.00	(\$250.00)	(\$250.00)	\$256.92	4/19/2016	\$6.92

Current Read	0	03/23/16
Previous Read	0	03/17/16
K Gals Used	0	

CUSTOMER CHARGE	\$	6.29
CITY UTILITY TAX WATER	\$	0.63
W69013309	\$	6.92
<b>TOTAL WATER SERVICE:</b>	<b>\$</b>	<b>6.92</b>

Feb16	0	Oct15	0	Jun15	0
Jan16	0	Sep15	0	May15	0
Dec15	0	Aug15	0	Apr15	0
Nov15	0	Jul15	0	Mar15	0

ITEMS	RATE	CHARGE
PAYMENT ON DEPOSIT	\$	(120.00)
WATER 3/4 METER ONLY U/G	\$	250.00
DEPOSIT	\$	120.00
<b>TOTAL MISCELLANEOUS CHARGES:</b>	<b>\$</b>	<b>250.00</b>
<b>TOTAL BILLING:</b>	<b>\$</b>	<b>256.92</b>

Page 1 ( 74364700 - 150429 )

"Outage/Trouble" 772-466-7703  
 CUSTOMER - RETURN TOP PORTION FOR YOUR RECORDS

**FORT PIERCE UTILITIES AUTHORITY**  
 Mail To: P.O. Box 13929, Fort Pierce, FL 34979-3929

For questions about your bill, please call (772) 466-1600.

WWW.FPUA.COM

Account Number	Service Address	Past Due	New Charges	Total Due
[REDACTED]	1635 THUMB POINT DR	(\$250.00)	\$256.92	\$6.92

Phone Number:

Email Address:

We are requesting that you provide us with a phone number and email address for notifications.



BRAD CULVERHOUSE  
 ATTORNEY AT LAW CHARTERED  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

AMOUNT PAID

2 334

0001743647001504290000000000000417201600000692000000003



**FORT PIERCE UTILITIES AUTHORITY**

PO BOX 3191  
FORT PIERCE FL 34948-3191  
WWW.FPUA.COM

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at WWW.FPUA.COM. For questions about your bill, please call FPUA at (772)466-1600. (CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Statement Date: 3/30/2016

Service Address: 1635 THUMB POINT DR, TEMP

Account Number	Amount of Last Bill	Payments Received	Past Due	New Charges	New Charges Due Date	Total Due
	\$0.00	(\$75.00)	(\$75.00)	\$80.39	4/19/2016	\$5.39

Current Read	0	03/23/16	
Previous Read	0	03/08/16	
kWh Used	0		
Feb16	0 Oct15	0 Jun15	0
Jan16	0 Sep15	0 May15	0
Dec15	0 Aug15	0 Apr15	0
Nov15	0 Jul15	0 Mar15	0

CUSTOMER CHARGE	\$	4.48
ELEC GROSS RECEIPTS COM	\$	0.11
ELEC SALES TAX	\$	0.32
SCHOOL SALES TAX	\$	0.02
CITY UTILITY TAX ELECTRIC	\$	0.46
	E71521	\$ 5.39
<b>TOTAL ELECTRIC SERVICE:</b>		<b>\$ 5.39</b>

PAYMENT ON DEPOSIT	\$	(100.00)
DEPOSIT	\$	100.00
CONNECTION FOR TEMP POLE	\$	75.00
<b>TOTAL MISCELLANEOUS CHARGES:</b>		<b>\$ 75.00</b>
<b>TOTAL BILLING:</b>		<b>\$ 80.39</b>

Fort Pierce Utilities Authority  
206 S. 6th St.  
P.O. Box 3191  
Fl. Pierce, FL 34948-3191

Website: www.fpu.com

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FIRST CLASS



U.S. POSTAGE  
ZIP 34950 \$  
02 1W  
00014015101



BRAD CULVERHOUSE  
ATTORNEY AT LAW CHARTERED  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

any questions or concerns with your doctor. Use this medicine with caution in the ELDERLY; they may be more sensitive to its effects, especially thinning skin. **CORTICOSTEROIDS MAY AFFECT GROWTH RATE in CHILDREN** and teenagers in some cases. They may need regular growth checks while using a corticosteroid. **BEFORE YOU BEGIN TAKING ANY NEW MEDICINE**, either prescription or over-the-counter, check with your doctor or pharmacist. **FOR WOMEN: IF YOU BECOME PREGNANT**, contact your doctor. You will need to discuss the benefits and risks of using this medicine while you are pregnant. **IT IS NOT KNOWN IF THIS MEDICINE IS FOUND IN BREAST MILK.** If you are or will be breast-feeding while you use this medicine, check with your doctor. Discuss any possible risks to your baby.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216882

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493670  
(888)716-4726

**RX# 1889617-04391** DATE: 05/02/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**  
QTY: 45 2 REFILLS BEFORE 05/02/17  
New-E NDC: 68462-0298-55  
Retail Price: \$70.99 Your Insurance Saved You: \$68.99

\$ 2.00

A. GRAFF, MD PLAN: AARPMPD  
MFG: GLENMARK GROUP# PDPIND  
XXX/CNW/CNW/CNW CLAIM REF# 161233414187091999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493670  
(888)716-4726

**RX# 1889617-04391** DATE: 05/02/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**  
QTY: 45 2 REFILLS BEFORE 05/02/17  
New-E NDC: 68462-0298-55  
Retail Price: \$70.99 Your Insurance Saved You: \$68.99

\$ 2.00

A. GRAFF, MD PLAN: AARPMPD  
MFG: GLENMARK GROUP# PDPIND  
XXX/CNW/CNW/CNW CLAIM REF# 161233414187091999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy Use only

MON 1:58PM  
New-E  
CLOTRIMAZOLE-BETAMETHASONE CRM 45GM QTY 45  
68462-0298-55  
ALPHA  
XXX/CNW/CNW/CNW

vision, or lightheadedness. **DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS** until you know how you react to this medicine. Using this medicine alone, with other medicines, or with alcohol may lessen your ability to drive or to perform other potentially dangerous tasks. **THIS MEDICINE MAY CAUSE increased sensitivity to the sun.** Avoid exposure to the sun, sunlamps, or tanning booths until you know how you react to this medicine. Use a sunscreen or protective clothing if you must be outside for a prolonged period. **MILD DIARRHEA IS COMMON** with antibiotic use. However, a more serious form of diarrhea (pseudomembranous colitis) may rarely occur. This may develop while you use the antibiotic or within several months after you stop using it. Contact your doctor right away if stomach pain or cramps, severe

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216882

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493670  
(888)716-4726

**RX# 1889619-04391** DATE: 05/02/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**  
QTY: 6 NO REFILLS - DR. AUTH REQUIRED  
New-E NDC: 50111-0787-51  
Retail Price: \$35.99 Your Insurance Saved You: \$33.99

\$ 2.00

A. GRAFF, MD PLAN: AARPMPD  
MFG: TEVA GROUP# PDPIND  
CNW/CNW/CNW/CNW CLAIM REF# 161233435263033998

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493670  
(888)716-4726

**RX# 1889619-04391** DATE: 05/02/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**  
QTY: 6 NO REFILLS - DR. AUTH REQUIRED  
New-E NDC: 50111-0787-51  
Retail Price: \$35.99 Your Insurance Saved You: \$33.99

\$ 2.00

A. GRAFF, MD PLAN: AARPMPD  
MFG: TEVA GROUP# PDPIND  
CNW/CNW/CNW/CNW CLAIM REF# 161233435263033998

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy Use only

MON 1:58PM  
New-E  
AZITHROMYCIN 250MG TABLETS 6-PAK QTY 6  
50111-0787-51 10 DRAM  
UNIT OF USE  
WHITE FRONT: PLIVA BACK: 787  
CNW/CNW/CNW/CNW





**FORT PIERCE UTILITIES AUTHORITY**

PO BOX 3191

FORT PIERCE FL 34948-3191

WWW.FPUA.COM

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at WWW.FPUA.COM. For questions about your bill, please call FPUA at (772) 466-1600. (CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Service Address: 1635 THUMB POINT DR, TEMP Statement Date: 4/28/2016

Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
	\$5.39	(\$5.39)	\$0.00	\$7.04	5/18/2016	\$7.04

Current Read 0 04/22/16  
 Previous Read 0 03/23/16  
 kWh Used 0

CUSTOMER CHARGE	\$	5.84
ELEC GROSS RECEIPTS COM	\$	0.15
ELEC SALES TAX	\$	0.42
SCHOOL SALES TAX	\$	0.03
CITY UTILITY TAX ELECTRIC	\$	0.60
E71521	\$	7.04
<b>TOTAL ELECTRIC SERVICE:</b>	<b>\$</b>	<b>7.04</b>

Mar16	0 Nov15	0 Jul15	0
Feb16	0 Oct15	0 Jun15	0
Jan16	0 Sep15	0 May15	0
Dec15	0 Aug15	0 Apr15	0

**TOTAL BILLING: \$ 7.04**

Total due will be electronically transferred on or about 05/18/2016.

CUSTOMER - RETAIN TOP PORTION FOR YOUR RECORDS

Page 1 (50000017 - 150429)



**FORT PIERCE UTILITIES AUTHORITY**

Mail To: P.O. Box 13929, Fort Pierce, FL 34979-3929

WWW.FPUA.COM

For questions about your bill, please call (772) 466-1600.

Account Number	Service Address	Previous Balance	New Charges	Total Due
	1635 THUMB POINT DR, TEMP	\$0.00	\$7.04	\$7.04

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

We are requesting that you provide us with a phone number and email address for notifications.



BRAD CULVERHOUSE  
 ATTORNEY AT LAW CHARTERED  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

AMOUNT PAID

EZ PAY

2 329

000150000017150429000000000000005182016000007040000000000



**FORT PIERCE UTILITIES AUTHORITY**  
**PO BOX 3191**  
**FORT PIERCE FL 34948-3191**  
**WWW.FPUA.COM**

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at WWW.FPUA.COM. For questions about your bill, please call FPUA at (772) 466-1600. (CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Service Address: **1635 THUMB POINT DR** Statement Date: **4/28/2016**

Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
	\$6.92	\$0.00	\$6.92	\$14.83	5/18/2016	\$21.75

Current Read 0 04/22/16  
 Previous Read 0 03/23/16  
 K Gals Used 0

CUSTOMER CHARGE \$ 13.48  
 CITY UTILITY TAX WATER \$ 1.35  
 W69013309 \$ 14.83  
**TOTAL WATER SERVICE: \$ 14.83**

Mar16 0 Nov15 0 Jan15 0  
 Feb16 0 Oct15 0 Jun15 0  
 Jan16 0 Sep15 0 May15 0  
 Dec15 0 Aug15 0 Apr15 0

**TOTAL BILLING: \$ 14.83**

**FORT PIERCE UTILITIES AUTHORITY**  
 Mail To: P.O. Box 19929, Fort Pierce, FL 34979-3929

WWW.FPUA.COM

For questions about your bill, please call (772) 466-1600.

Account Number	Service Address	Previous Balance	New Charges	Total Due
	1635 THUMB POINT DR	\$6.92	\$14.83	\$21.75

Phone Number:

Email Address:

We are requesting that you provide us with a phone number and email address for notifications.



BRAD CULVERHOUSE  
 ATTORNEY AT LAW CHARTERED  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

AMOUNT PAID

[Empty box for amount paid]

United States Postal Service®

Sorry We Missed You! We **Re** Deliver for You

Today's Date

4-27

Sender's Name

Build us Notice

Item is at:

Post Office™ (See back)

Available for Pick-up After

Date:

Time:

For Redelivery  
Go to [usps.com/redelivery](http://usps.com/redelivery)  
or see reverse

Letter

Large envelope, magazine, catalog, etc.

Parcel

Perishable item

Other

For Delivery: (Enter total number of items delivered by service type.)

For Notice Left: (Check applicable item)

Priority Mail Express™

Certified Mail™  
(Must claim within 15 days or article will be returned)

Restricted Delivery

Registered Mail™

Insured Mail

Return Receipt for Merchandise

Adult Signature

Signature Confirmation™

If checked, you or your agent must be present at time of delivery to sign for item.

USPS Tracking # or Article Number(s)

710104123

**FINAL NOTICE**

Notice Left Section

Customer Name and Address

John Culverhouse

1635 Thunderbird Dr

Delivered By and Date

Article Requiring Payment

Postage Due

COD

Customs

Amount Due

\$

Final Notice: Article will be returned to sender on

5-3-16

PS Form 3849, July 2013

[usps.com](http://usps.com)

Delivery Notice/Reminder/Receipt

**REPLACEMENTS, LTD.**  
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[www.replacements.com](http://www.replacements.com)

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U.S. POSTAGE PAID  
REPLACEMENTS, LTD.

**1-800-REPLACE**  
(1-800-737-5223)

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Switch to EMAIL delivery!  
Inquire Today!

Quote Date: 05/10/2016  
Page #: 1

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1-800-REPLACE • FAX 1-336-697-3100 • TDD 1-800-270-3708  
SATISFACTION IS GUARANTEED. SEE DETAILS ON LAST PAGE.

ELECTRONIC SERVICE REQUESTED

38735 AT/DB 0.239 T24 \*\*AUTOS-DIGIT 394 PL1 N320  
#00001966991821# KX  
BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE, FL 34949-3570

**CUSTOMER NUMBER**

Call for a free catalog  
1-800-REPLACE (1-800-737-5223)  
www.replacements.com



**Check out our improved search feature on [replacements.com](http://replacements.com)**

We have made it easier to browse your patterns or shop for that perfect gift. Now you can filter your search by price, availability, manufacturer, piece type, and more. Look for exciting changes to our website in the months ahead!



A Division of PNC Bank, National Association

May 03, 2016

John B Culverhouse  
Susan D Culverhouse  
1635 Thumpoint Dr  
Fort Pierce FL 34949

Re: Loan Number: [REDACTED]

**Customer Service Contact Information:**  
PNC Mortgage, B6-YM07-01-7  
PO Box 1820  
Dayton, OH 45401-1820  
1-800-822-5626



DFS Support  
P.O. BOX 1820  
Dayton, OH 45401-1820

COLUMBUS  
D/S AUTH 131

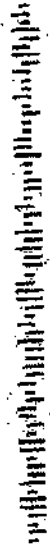
Presort  
First Class Mail  
CombAsPrice



U.S. POSTAGE PITNEY BOWES  
ZIP 45458 \$000.39<sup>9</sup>  
02 1M 1397911MAY 05 2016



34545



schedule. DO NOT use 2 doses at once.

**CAUTIONS: DO NOT TAKE THIS MEDICINE** if you have had an allergic reaction to it, to any ingredient in this product, or to other NSAIDs (eg, ibuprofen). If you have a question about whether you are allergic to this medicine or if a certain medicine is a NSAID, contact your doctor or pharmacist. **BEFORE USING THIS MEDICINE**, tell your doctor if you have had a severe allergic reaction (eg, severe rash, hives, difficulty breathing, dizziness) to aspirin or

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WTC# 216382

**JOHN CULVERHOUSE SR**  
1535 Thumb Point Dr, Fort Pierce, FL 349493570  
0511716-4728

RX# 1891182-04381

DATE: 05/11/16

**NEVANAC 0.1% OPHT SUSP 3ML**  
QTY: 3 2 REFILLS BEFORE 05/11/17  
New-E NDC:00065-0002-03  
Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD  
MFG:ALCON  
MIC/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161332455408072999

*Walgreens*

2201 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772)595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**

1535 Thumb Point Dr, Fort Pierce, FL 349493570  
0511716-4728

RX# 1891182-04381

DATE: 05/11/16

**NEVANAC 0.1% OPHT SUSP 3ML**  
QTY: 3 2 REFILLS BEFORE 05/11/17  
New-E NDC:00065-0002-03  
Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD  
MFG:ALCON  
MIC/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161332455408072999

*Walgreens*

2201 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

WED 2:17PM  
New-E

NEVANAC 0.1% OPHT SUSP 3ML  
00065-0002-03  
ALPHA

QTY 3

LIQUID

MIC/MIC/MIC/MIC

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 americanstationery.com ♦ 1.800.822.2577

PRST STD  
 US POSTAGE  
 PAID  
 AMERICAN  
 STATIONERY

Customer #

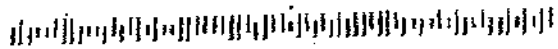
Keycode



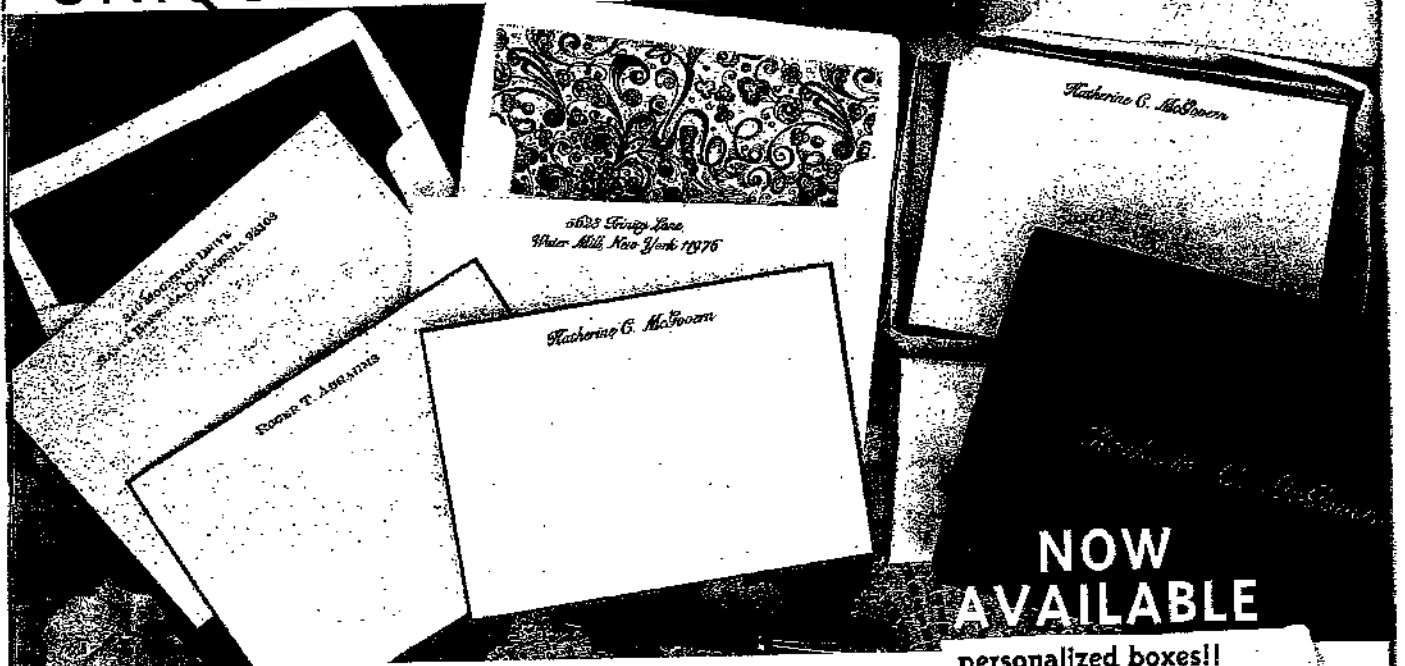
\*\*\*\*\*ECRL0T\*\*C-014

8\_MRS\_108 P101 12 36648  
 MR JOHN CULVERHOUSE  
 OR CURRENT RESIDENT  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

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 Use catalog keycode to  
 receive free standard  
 shipping on any order  
 over \$25. This offer  
 expires 5/15/16. ←



## UNIQUE GIFT IDEAS something for everyone!!!



### A. | Hand Bordered Cards Personalized with Foil Letterpress TL ☆ ~ New

Reminiscent of our always popular Hand Bordered Cards but with an extra thick border, these White or Ivory wide bordered cards are a stylish choice. In your choice of Periwinkle or Orange borders, they can be paired with an optional lined envelope for added elegance (Solid Periwinkle and Modern Abstract shown). 6 1/2" x 4 1/2" cards.

Foil Colors: Silver or Gold | Border Colors: Periwinkle or Orange

Typesyles: See Order Form for Typestyle Library (Sorry, fonts (CY), (RY) and (ST) are not available for foil-stamped items.)

Paper Colors: White or Ivory | Liners: Solid Periwinkle or Modern Abstract

Envelopes: Plain: for optional 2-3 line address add \$18. Lined: add LE to end of item #, specify liner and add \$24.

		25	50
3550	Periwinkle Hand Border Cards, Plain Envelopes	\$38.95	\$48.95
3551	Orange Hand Border Cards, Plain Envelopes	\$38.95	\$48.95

### B. | Personalized Box Exclusive!

An American Stationery exclusive presentation. Turn your stationery box into a gift box by adding our new personalization option for only \$4.95. Choose White, Silver or Gold foil, typestyle of your choice, and up to 3 lines of personalization. This option will be available automatically online. To order by mail or phone specify box personalization.

Personalized Gift Box

\$4.95

personalized boxes!  
 add just the right touch!!



alcohol, hot weather, exercise, or fever may increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Sit or lie down at the first sign of any of these effects. PATIENTS WHO TAKE MEDICINE FOR HIGH BLOOD PRESSURE often feel tired or run down for a few weeks after starting treatment. Be sure to take your medicine even if you may not feel "normal". Tell your doctor if you develop any new symptoms. IF YOU ARE TAKING THIS MEDICINE FOR ANGINA, it will not relieve the pain of an

with your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. KEEP THIS MEDICINE out of the reach of children and pets. IF USING THIS MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills before your supply runs out. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

WIC# 216382

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4728

RX # 1865185-04391

DATE: 06/07/16

**AMLODIPINE BESYLATE 10MG TABLETS**

QTY: 90 1 REFILL BEFORE 09/15/16

Refill NDC: 68180-0752-03

Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD

PL AN: AARPMPD

MFG: LUPIN

GROUP# PDPIND

YYY / / ICNW

CLAIM REF# 181590418219033999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4728

RX # 1865185-04391

DATE: 06/07/16

**AMLODIPINE BESYLATE 10MG TABLETS**

QTY: 90 1 REFILL BEFORE 09/15/16

Refill NDC: 68180-0752-03

Retail Price: \$155.89 Your Insurance Saved You: \$152.89

\$ 3.00

A. MAHARAJ, MD

PL AN: AARPMPD

MFG: LUPIN

GROUP# PDPIND

YYY / / ICNW

CLAIM REF# 181590418219033999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

THU 1:00AM  
 Refill

AMLODIPINE BESYLATE 10MG TABLETS  
 68180-0752-03  
 END CAP

QTY 90  
 20 DRAM



WHITE  
 FRONT: LU  
 BACK: H13

YYY / / ICNW

Seek medical attention right away if you experience symptoms of low blood magnesium levels (eg, dizziness; fast or irregular heartbeat; involuntary muscle movements; jitteriness or tremors; muscle aches, cramps, pain, spasms, or weakness; seizures). THIS MEDICINE MAY INCREASE THE RISK of hip, wrist, and spine fractures in patients with weak bones (osteoporosis). The risk may be greater if you use this medicine in high doses, for longer than a year, or if you are over 50 years old. Contact your doctor if you have any questions about this information. CHECK WITH YOUR DOCTOR to see whether you should take a calcium and vitamin D supplement while you use this medicine. LONG-TERM TREATMENT (EG, LONGER THAN 3 YEARS) with medicines like this one has rarely caused low vitamin B-12 levels. Discuss any questions or concerns with your doctor. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4728

RX # 1877281-04391

DATE: 06/14/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 09/16/16

Refill NDC: 59748-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.89

\$ 6.00

A. MAHARAJ, MD

PL AN: AARPMPD

MFG: CADISTA

GROUP# PDPIND

ARL / /

CLAIM REF# 181685008439059999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4728

RX # 1877281-04391

DATE: 06/14/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 09/16/16

Refill NDC: 59748-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.89

\$ 6.00

A. MAHARAJ, MD

PL AN: AARPMPD

MFG: CADISTA

GROUP# PDPIND

ARL / /

CLAIM REF# 181685008439059999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

TUE 6:24PM  
 Refill

PANTOPRAZOLE 40MG TABLETS  
 59748-0284-90  
 FAST RACK

QTY 90  
 10 DRAM



LIGHT PINK  
 FRONT: C284

ARL / /

Med Guide

severe allergic reaction (eg, severe rash, hives, trouble breathing, growths in the nose, dizziness) to aspirin or an NSAID (eg, ibuprofen, celecoxib). DO NOT TAKE MORE THAN THE RECOMMENDED DOSE or use for longer than prescribed without checking with your doctor. Laboratory and/or medical tests, including kidney function, liver function, complete blood cell counts, and blood pressure, may be performed to monitor your progress or to check for side effects. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are taking this medicine. THIS MEDICINE MAY INTERFERE with certain lab tests. Be sure your doctor and lab personnel know that you take this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1897408-04391

DATE: 06/21/16

**INDOMETHACIN 25MG CAPSULES**

QTY: 270 2 REFILLS BEFORE 03/18/17

Copy NDC: 31722-0542-01

Retail Price: \$94.29 Your Insurance Saved You: \$83.13

\$ 11.16

A. RASHID, MD  
MFG: CAMBER  
MIC/MIC/MIC/CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161733127628018999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1897408-04391

DATE: 06/21/16

**INDOMETHACIN 25MG CAPSULES**

QTY: 270 2 REFILLS BEFORE 03/18/17

Copy NDC: 31722-0542-01

Retail Price: \$94.29 Your Insurance Saved You: \$83.13

\$ 11.16

A. RASHID, MD  
MFG: CAMBER  
MIC/MIC/MIC/CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161733127628018999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

**WAITING**

TUE 11:56AM

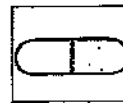
Copy

INDOMETHACIN 25MG CAPSULES

31722-0542-01

ALPHA

QTY 270



LIGHT GREEN

FRONT: H

BACK: 103

MIC/MIC/MIC/CNW

Med Guide

LABORATORY APPOINTMENTS while you are using this medicine. Laboratory and/or medical tests such as kidney function, liver function, fasting blood glucose, hemoglobin A1C, or blood counts, should be done to monitor your progress or to check for side effects. IF YOUR BLOOD SUGARS HAVE BEEN UNDER CONTROL AND ARE SUDDENLY DIFFICULT TO MANAGE, contact your doctor as soon as possible. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, LABORATORY TESTS, OR SURGERY, tell the doctor or dentist that you are using this medicine. During times of stress such as fever, infection, injury, or surgery, it may be more difficult to control your blood sugar. Consult your doctor, as a change in your medicine may be required. DO NOT drink large amounts of alcohol while you are taking this medicine. TALK TO YOUR DOCTOR BEFORE YOU DRINK ALCOHOL while you use this medicine. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY because they may be more sensitive to the effects of the medicine. Low blood sugar levels may be more difficult to recognize in the elderly. FOR WOMEN: IF YOU PLAN ON BECOMING PREGNANT, discuss with your

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1897409-04391

DATE: 06/21/16

**METFORMIN 500MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17

Copy NDC: 00378-7185-05

Retail Price: \$31.49 Your Insurance Saved You: \$28.49

\$ 3.00

A. RASHID, MD  
MFG: MYLAN  
ARL/MIC/MIC/CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161733128544066999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1897409-04391

DATE: 06/21/16

**METFORMIN 500MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17

Copy NDC: 00378-7185-05

Retail Price: \$31.49 Your Insurance Saved You: \$28.49

\$ 3.00

A. RASHID, MD  
MFG: MYLAN  
ARL/MIC/MIC/CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 161733128544066999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

**WAITING**

TUE 11:56AM

Copy

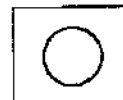
METFORMIN 500MG TABLETS

00378-7185-05

END CAP

QTY 90

20 DRAM



WHITE

FRONT: G

BACK: MF 1

ARL/MIC/MIC/CNW



**FORT PIERCE UTILITIES AUTHORITY**

**PO BOX 3191**

**FORT PIERCE FL 34948-3191**

**WWW.FPUA.COM**

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at WWW.FPUA.COM. For questions about your bill, please call FPUA at (772) 466-1600. (CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Service Address: 1635 THUMB POINT DR		Statement Date: 6/29/2016				
Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
	\$47.96	\$0.00	\$47.96	\$15.27	7/19/2016	\$63.23

Current Read 3 06/23/16  
 Previous Read 3 05/24/16  
 K Gals Used 0

CUSTOMER CHARGE \$ 13.88  
 CITY UTILITY TAX WATER \$ 1.39  
 W69013309 \$ 15.27  
**TOTAL WATER SERVICE: \$ 15.27**

May16	3 Jan16	0 Sep15	0
Apr16	0 Dec15	0 Aug15	0
Mar16	0 Nov15	0 Jul15	0
Feb16	0 Oct15	0 Jun15	0

**TOTAL BILLING: \$ 15.27**

"Outage/Trouble" 772-466-7703

CUSTOMER - RETAIN TOP PORTION FOR YOUR RECORDS



**FORT PIERCE UTILITIES AUTHORITY**

Mail To: P.O. Box 13929, Fort Pierce, FL 34979-3929

WWW.FPUA.COM

For questions about your bill, please call (772) 466-1600.

Account Number	Service Address: 1635 THUMB POINT DR	Previous Balance: \$47.96	New Charges: \$15.27	Total Due: \$63.23
Phone Number:	Email Address:	We are requesting that you provide us with a phone number and email address for notifications.		



BRAD CULVERHOUSE  
 ATTORNEY AT LAW CHARTERED  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

AMOUNT PAID

[Empty box for amount paid]

lightheadedness, or fainting. Alcohol, hot weather, exercise, and fever can increase these effects. To prevent them, sit up or stand slowly, especially in the morning. Also, sit or lie down at the first sign of dizziness, lightheadedness, or weakness. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE TASKS until you know how you react to it. DEHYDRATION, EXCESSIVE SWEATING, VOMITING, OR DIARRHEA may increase the risk of low blood pressure. Contact your health care provider at once if any of these occur. THIS MEDICINE MAY CAUSE A SERIOUS SIDE EFFECT CALLED ANGIOEDEMA. The risk may be higher in black patients. Contact your doctor at once if you develop swelling of the hands, face, lips, eyes, throat, or tongue;

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**  
1636 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1897410-04391 DATE: 06/21/16

**BENAZEPRIL 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17  
Copy NDC: 43547-0338-10  
Retail Price: \$58.99 Your Insurance Saved You: \$56.99

\$ 3.00

A. RASHID, MD PLAN: AARPMPD  
MFG: SOLCO GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 181733128898017999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1636 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1897410-04391 DATE: 06/21/16

**BENAZEPRIL 40MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17  
Copy NDC: 43547-0338-10  
Retail Price: \$58.99 Your Insurance Saved You: \$56.99

\$ 3.00

A. RASHID, MD PLAN: AARPMPD  
MFG: SOLCO GROUP# PDPIND  
MIC/MIC/MIC/CNW CLAIM REF# 181733128898017999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

**WAITING**

TUE 11:58AM  
Copy

**BENAZEPRIL 40MG TABLETS**  
43547-0338-10  
FAST RACK

QTY 90  
30 DRAM



**BLUE**  
FRONT: S  
BACK: 344

MIC/MIC/MIC/CNW

performing any task that requires good vision. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: DO NOT USE THIS MEDICINE if you are pregnant. IF YOU SUSPECT THAT YOU COULD BE PREGNANT, contact your doctor immediately. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. IF YOU ARE OR WILL BE BREAST-FEEDING while you are using this medicine, check with your doctor or pharmacist to discuss the

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**  
1636 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1897664-04391 DATE: 06/24/16

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**

QTY: 7.5 4 REFILLS BEFORE 06/22/17  
New-E NDC: 00023-3205-03  
Retail Price: \$563.89 Your Insurance Saved You: \$404.89

\$ 69.00

J. HADDOCK, MD PLAN: AARPMPD  
MFG: ALLERGAN GROUP# PDPIND  
RTS/MIC/MIC/MIC CLAIM REF# 181761261281057999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1636 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)716-4726

RX # 1897664-04391 DATE: 06/24/16

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**

QTY: 7.5 4 REFILLS BEFORE 06/22/17  
New-E NDC: 00023-3205-03  
Retail Price: \$563.89 Your Insurance Saved You: \$494.89

\$ 69.00

J. HADDOCK, MD PLAN: AARPMPD  
MFG: ALLERGAN GROUP# PDPIND  
RTS/MIC/MIC/MIC CLAIM REF# 181761261281057999

**Walgreens**

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

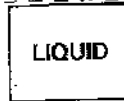
Duplicate Receipt

Pharmacy use only

FRI 11:00AM  
New-E

**LUMIGAN 0.01% OPHTH SOLN 2.5ML**  
00023-3205-03  
UNIT OF USE

QTY 7.5



RTS/MIC/MIC/MIC

SCHEDULE II - DO NOT USE IN CHILDREN

**CAUTIONS: DO NOT TAKE THIS MEDICINE** if you have had an allergic reaction to it, to any ingredient in this product, or to other NSAIDs (eg, ibuprofen). If you have a question about whether you are allergic to this medicine or if a certain medicine is a NSAID, contact your doctor or pharmacist. **BEFORE USING THIS MEDICINE**, tell your doctor if you have had a severe allergic reaction (eg, severe rash, hives, difficulty breathing, dizziness) to aspirin or

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216392

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493670  
(887)718-4726

**RX # 1891182-04391**

DATE: 06/13/16

**NEVANAC 0.1% OPHT SUSP 3ML**

QTY: 3 1 REFILL BEFORE 05/11/17

Refill NDC:00065-0002-03

Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD  
MFG:ALCON  
KCR/ / MIC

PLAN: AABPMED  
GROUP# PDPIND  
CLAIM REF# 161662527998096999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34901  
PH:(772)695-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493670  
(887)718-4726

**RX # 1891182-04391**

DATE: 06/13/16

**NEVANAC 0.1% OPHT SUSP 3ML**

QTY: 3 1 REFILL BEFORE 05/11/17

Refill NDC:00065-0002-03

Retail Price: \$326.99 Your Insurance Saved You: \$303.99

\$ 23.00

A. MAHARAJ, MD  
MFG:ALCON  
KCR/ / MIC

PLAN: AABPMED  
GROUP# PDPIND  
CLAIM REF# 161662527998096999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34901  
PH:(772)695-3077

Duplicate  
Receipt

Pharmacy use only

TUE 1:28PM  
Refill

NEVANAC 0.1% OPHT SUSP 3ML  
00065-0002-03  
ALPHA

QTY 3

LIQUID

KCR/ / MIC

# Florida United Radiology

P O BOX 743864  
DEPT 40001  
ATLANTA, GA 30374-3864  
RETURN SERVICE REQUESTED

001698  
0101

|||||  
JOHN BRADFORD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE, FL 34949-3570

|||||  
FLORIDA UNITED RADIOLOGY  
P O BOX 743864  
DEPT 40001  
ATLANTA, GA 30374-3864

40273\*TOV1A464X000281

Patient Name: John Bradford Culverhouse  
Encounter N  
Date of Service: Jun 27 2016 12:00AM  
Outstanding Balance: \$1.93  
Facility: Lawwood Regional Med Ctr  
Line of Business: Radiology

any information regarding your claim, including information from you but have not received any questions please call our customer service  
reliv

First Class Mail

PRESORTED  
FIRST CLASS MAIL  
U.S. POSTAGE PAID  
48807  
EMDEON EX8

B

|||||



**FORT PIERCE UTILITIES AUTHORITY**

**PO BOX 3191**

**FORT PIERCE FL 34948-3191**

**WWW.FPUA.COM**

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at WWW.FPUA.COM. For questions about your bill, please call FPUA at (772)466-1600. (CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Service Address: 1635 THUMB POINT DR, TEMP			Statement Date: 6/29/2016			
Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
[REDACTED]	\$7.29	(\$7.29)	\$0.00	\$7.04	7/19/2016	\$7.04

Current Read	2	06/23/16	CUSTOMER CHARGE	\$	5.84
Previous Read	2	05/24/16	ELEC GROSS RECEIPTS COM	\$	0.15
kWh Used	0		ELEC SALES TAX	\$	0.42
			SCHOOL SALES TAX	\$	0.03
			CITY UTILITY TAX ELECTRIC	\$	0.60
				E71521	\$ 7.04
			<b>TOTAL ELECTRIC SERVICE:</b>	<b>\$</b>	<b>7.04</b>

May16	2 Jan16	0 Sep15	0
Apr16	0 Dec15	0 Aug15	0
Mar16	0 Nov15	0 Jul15	0
Feb16	0 Oct15	0 Jun15	0

**TOTAL BILLING: \$ 7.04**

Total due will be electronically transferred on or about 07/19/2016.

CUSTOMER - RETAIN TOP PORTION FOR YOUR RECORDS

Page 1 ( 50000017 - 150429 )

**FORT PIERCE UTILITIES AUTHORITY** [WWW.FPUA.COM](http://WWW.FPUA.COM)  
Mail To: P.O. Box 13929, Fort Pierce, FL 34979-3929 For questions about your bill, please call (772) 466-1600.

Account Number	Service Address	Previous Balance	New Charges	Total Due
[REDACTED]	1635 THUMB POINT DR, TEMP	\$0.00	\$7.04	\$7.04

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

We are requesting that you provide us with a phone number and email address for notifications.



BRAD CULVERHOUSE  
ATTORNEY AT LAW CHARTERED  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

2 328

AMOUNT PAID

**EZ PAY**

00015000001715042900000000000000719201600000704000000005

WICH# 216982

OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this medicine. THIS MEDICINE MAY CAUSE DROWSINESS, dizziness, blurred vision, or light-headedness. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Check with your doctor before you drink alcohol while you use this medicine. Contact your doctor if you have an eye injury or infection, or if you will be having eye surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU BECOME PREGNANT, discuss with your doctor the benefits

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349463570  
(888)718-4728

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349463570  
(888)718-4728

RX# 1898847-04391 DATE: 06/30/16

RX# 1898847-04391 DATE: 06/30/16

SIMBRINZA 1-0.2% SUSPENSION 8ML  
QTY: 24 4 REFILLS BEFORE 06/22/17  
Copy NDC: 00065-4147-27  
Retail Price: \$481.89 Your Insurance Saved You: \$422.89

SIMBRINZA 1-0.2% SUSPENSION 8ML  
QTY: 24 4 REFILLS BEFORE 06/22/17  
Copy NDC: 00065-4147-27  
Retail Price: \$481.89 Your Insurance Saved You: \$422.89

\$ 69.00

\$ 69.00

L. HADDOCK, MD PLAN: AARPMPB  
MFG: ALCON GROUP# PDPIND  
AAC/MIC/MIC/HCN CLAIM REF# 161832619738060999

L. HADDOCK, MD PLAN: AARPMPB  
MFG: ALCON GROUP# PDPIND  
AAC/MIC/MIC/HCN CLAIM REF# 161832619738060999

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

THU 3:03PM  
Copy

SIMBRINZA 1-0.2% SUSPENSION 8ML  
00065-4147-27  
UNIT OF USE

QTY 24

LIQUID

AAC/MIC/MIC/HCN

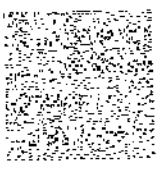


**CUL PEPPER & TERPENING, INC.**  
 CONSULTING ENGINEERS LAND SURVEYORS  
 2980 SOUTH 26TH STREET  
 FT. PIERCE, FL 34981

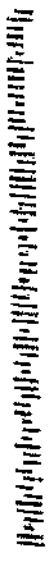
Mr. Brad Culverhouse Esq.  
 Brad Culverhouse, Esq.  
 1635 Thumbpoint Drive  
 Fort Pierce, FL 34949

34949-357035

WY PALM BCH  
 FL 334  
 02 JUN '85  
 PM 11



02 1P  
 001757885 JUN 01 2016  
 MAILED FROM ZIP CODE 34981





9800 Fredericksburg Road  
 San Antonio, Texas 78288  
 Visit us at usaa.com

Statement

SETTLEMENT DATE	USAA NUMBER	C	D
07-15-16	[REDACTED]	1	

00334.39CW4.JSS1265493656.01.01.11050

SUSAN D CULVERHOUSE  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

TO UPDATE POLICIES GO TO  
 USAA.COM OR CALL  
 1-800-531-8722  
 FOR BILLING AND PAYMENT  
 INQUIRIES GO TO USAA.COM OR CALL  
 1-800-531-8722  
 TO REPORT A CLAIM, CALL  
 1-800-531-8722

MONTHLY ACTIVITY

BALANCE ON LAST STATEMENT \$ 1,459.05  
 PAYMENT-THANK YOU 482.43CR  
 ACCOUNT BALANCE AS OF 06-23-16 \$ 996.62



9800 Fredericksburg Road  
 San Antonio, Texas 78288-0001

IMPORTANT INFORMATION FROM USAA ENCLOSED

PRESORTED  
 FIRST CLASS

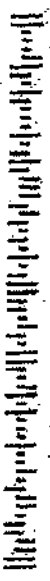


USPS  
 ZIP 78288  
 21 300 7203

YOUR BANK ACCOUNT WILL BE DEBITED FOR \$ 462.43  
 MADE FIVE BUSINESS DAYS PRIOR TO THE DEBIT DATE  
 IF THE PREMIUM AMOUNT REMAINS THE SAME FROM PREVIOUS  
 CONTINUE TO BE AVAILABLE ON USAA.COM.  
 TO FURTHER OUR MISSION OF BEING THE PROVIDER OF  
 MEMBERSHIP TO ALL MILITARY RETIREES AND THOSE WHO  
 NOW BE ABLE TO ENJOY THE BENEFITS OF MEMBERSHIP

YOU'RE READY FOR ANYTHING  
 WITH USAA MOBILE.  
 >> USAA.COM/READY

028 E1ZZAEB 34949







**FORT PIERCE UTILITIES AUTHORITY**

PO BOX 3191

FORT PIERCE FL 34948-3191

WWW.FPUA.COM

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion or New Charges if paid after the due date. See Reverse side of the bill for more details. Copy the Customer Service Policies and Service Charges may be obtained in FPUA's lobby WWW.FPUA.COM. For questions about your bill, please call FPUA at (772)466-1 (CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Service Address: 1635 PLUMB POINT DR				Statement Date: 7/28/2016		
Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
	\$63.23	\$0.00	\$63.23	\$26.98	8/17/2016	\$90.21

Current Read	4	07/22/16
Previous Read	3	06/23/16
K Gals Used	1	

Jun16	0	Feb16	0	Oct15	0
May16	3	Jan16	0	Sep15	0
Apr16	0	Dec15	0	Aug15	0
Mar16	0	Nov15	0	Jul15	0

CUSTOMER CHARGE		\$	:
WATER USAGE	1 K GALS @ 10.65000	\$	:
CITY UTILITY TAX WATER		\$	:
	W69013309	\$	:
<b>TOTAL WATER SERVICE:</b>		\$	<b>2</b>

**TOTAL BILLING: \$ 2**

**Fort Pierce Utilities Authority**  
206 S. 6th St.  
P.O. Box 3191  
Ft. Pierce, FL 34948-3191

Website: [www.fpu.com](http://www.fpu.com)

PRESORTED  
FIRST CLASS



U.S. POSTAGE  
ZIP 34950 \$ 00  
02 1W  
0001401610 JUL

CRIMINAL RECORDS  
INFORMATION ON ADJUDICATING/SEAL  
The Morning After Center  
Tuesday, July 19 - 2pm

EMPLOYED?  
THAT IS?  
UTILITIES

Fort Pierce Utilities Authority  
206 S. 6th Street  
P.O. Box 3191  
Fort Pierce, Florida 34948-3191  
(772) 466-1600, ext. 3900



BRAD CULVERHOUSE  
ATTORNEY AT LAW CHARTERED  
1635 THUMBPOINT DR.  
FORT PIERCE FL 34949

## CUT-OFF NOTICE

Our records indicate that your utility bill is past due.

It is our policy to disconnect utility services once a bill has not been paid within 30 days of the billing date.

### TO AVOID DISCONNECTION OF UTILITY SERVICE(S) AND/OR ADDITIONAL FEES

We must receive and post payment no later than **Mon, August 29, 2016 (Cut Date)**  
in the amount of \$90.21 for Account # [REDACTED]  
located at **1635 THUMB POINT DR.**

We must receive payment at:  
Fort Pierce Utilities Authority  
206 S. 6<sup>th</sup> Street  
Fort Pierce, Florida 34950

Lobby/Drive-Up Hours  
Monday – Friday  
Lobby: 9:00 a.m. – 5:00 p.m.  
Drive-Up Hours: 8:00 a.m. – 5:00 p.m.

We do not take payments at a customer's residence or business.

If payment is not made immediately after receipt of this notification by either mail, online, telephone or at an off-site payment center, please pay at our office at 206 S. 6<sup>th</sup> St. to avoid interruption of service.

If making payments after hours, please use the night deposit box located at the west entrance to 206 S. 6<sup>th</sup> Street.

If you have already made payment, please verify we have received the payment by visiting <http://www.fpuu.com>, or call our office at (772) 466-1600.

drug on the face or underarms. If you are 65 or older, use this drug with care. You could have more side effects. This drug may affect growth in children and teens in some cases. They may need regular growth checks. Talk with the doctor. Do not give to a child younger than 17 years of age. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1904308-04391

DATE: 08/05/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 08/05/17

New-E NDC: 68462-0298-55

Retail Price: \$70.99 Your Insurance Saved You: \$68.99

\$ 2.00

A. GRAFF, MD  
 MFG: GLENMARK  
 XXX/HCN/HCN/HCN

PLAN: AARPMPD  
 GROUP# PDP/IND  
 CLAIM REF# 162183427546016999

**Walgreens**

2601 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer  
 Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1904308-04391

DATE: 08/05/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 2 REFILLS BEFORE 08/05/17

New-E NDC: 68462-0298-55

Retail Price: \$70.99 Your Insurance Saved You: \$68.99

\$ 2.00

A. GRAFF, MD  
 MFG: GLENMARK  
 XXX/HCN/HCN/HCN

PLAN: AARPMPD  
 GROUP# PDP/IND  
 CLAIM REF# 162183427546016999

**Walgreens**

2601 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate  
 Receipt

Pharmacy use only

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM QTY 45

FRI 2:01PM

68462-0298-55

New-E

UNIT OF USE

XXX/HCN/HCN/HCN

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. A fast heartbeat. A heartbeat that does not feel normal. Change in hearing. Hearing loss. Chest pain or pressure. Ringing in ears. Seizures. Very bad dizziness or passing out. Trouble swallowing or speaking. Fever. Swollen gland. Vaginal itching or discharge. It is common to have diarrhea when taking this

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1904308-04391

DATE: 08/05/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**

QTY: 6 2 REFILLS BEFORE 08/05/17

New-E NDC: 50111-0787-51

Retail Price: \$35.99 Your Insurance Saved You: \$33.99

\$ 2.00

A. GRAFF, MD  
 MFG: TEVA  
 AAC/HCN/HCN/HCN

PLAN: AARPMPD  
 GROUP# PDP/IND  
 CLAIM REF# 162183565036074998

**Walgreens**

2601 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer  
 Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1904308-04391

DATE: 08/05/16

**AZITHROMYCIN 250MG TABLETS 6-PAK**

QTY: 6 2 REFILLS BEFORE 08/05/17

New-E NDC: 50111-0787-51

Retail Price: \$35.99 Your Insurance Saved You: \$33.99

\$ 2.00

A. GRAFF, MD  
 MFG: TEVA  
 AAC/HCN/HCN/HCN

PLAN: AARPMPD  
 GROUP# PDP/IND  
 CLAIM REF# 162183565036074998

**Walgreens**

2601 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate  
 Receipt

Pharmacy use only

AZITHROMYCIN 250MG TABLETS 6-PAK

QTY 6

FRI 2:01PM

50111-0787-51

New-E

UNIT OF USE



WHITE  
 FRONT: PLIVA  
 BACK: 787

AAC/HCN/HCN/HCN

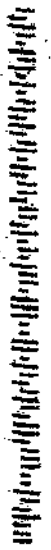
Pelican Yacht Club  
1120 Seaway Drive  
Fort Pierce, Florida 34949

Mr & Mrs Brad Culverhouse  
1635 Thumb Point Dr.  
Ft Pierce, FL 34949

POSTAGE WILL BE PAID BY ADDRESSEE  
NO POSTAGE NEEDED IF MAILED IN THE U.S.



34949-457035



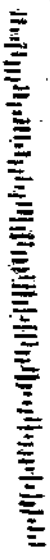


**CULPEPPER & TERPENING, INC.**  
 CONSULTING ENGINEERS LAND SURVEYORS  
 2980 SOUTH 25TH STREET  
 FT. PIERCE, FL 34981

Mr. Brad Culverhouse, Esq.  
 Brad Culverhouse, Esq.  
 1035 Thuntpoint Drive  
 Fort Pierce, FL 34949

ct-eng.com

34949-257035



9444444444  
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 9444444444



UNITED STATES POSTAGE  
 \$ 0.00 075  
 02 19 AUG 05 2016  
 MAILED FROM ZIP CODE 34981

taking this drug. Can your doctor fight away.

**POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?**  
**WARNING/CAUTION:** Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Change in how you act. Chest pain or pressure or a fast heartbeat. A heartbeat that does not feel normal. Mood changes.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216362

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493370

(888) 776-4722

RX # 1904858-04391

DATE: 08/09/16

**PHENTERMINE 37.5MG TABLETS**

QTY: 60 NO REFILLS - DR. AUTH REQUIRED

New NDC: 10702-0025-01

Retail Price: \$69.99 Your Insurance Saved You: \$50.93

\$ 19.06

A. GRAFF, MD  
MFG:KVK TECH  
ABP/MIC/MIC/MIC

PLAN: NAVTS  
GROUP# GRXGN3048  
CLAIM REF# 5028001608094G

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772) 695-3077

CO-OP PT  
RECEIPT

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493370

(888) 776-4722

RX # 1904858-04391

DATE: 08/09/16

**PHENTERMINE 37.5MG TABLETS**

QTY: 60 NO REFILLS - DR. AUTH REQUIRED

New NDC: 10702-0025-01

Retail Price: \$69.99 Your Insurance Saved You: \$50.93

\$ 19.06

A. GRAFF, MD  
MFG:KVK TECH  
ABP/MIC/MIC/MIC

PLAN: NAVTS  
GROUP# GRXGN3048  
CLAIM REF# 5028001608094G

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34901  
PH: (772) 695-3077

CO-OP PT  
RECEIPT

Pharmacy use only

TUE 5:35PM  
New

PHENTERMINE 37.5MG TABLETS  
10702-0025-01  
END CAP

QTY 60  
10 DRAM

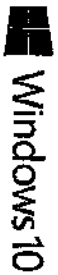


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FRONT: K 25

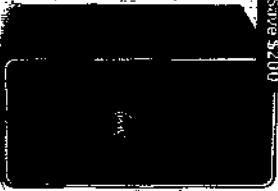
ABP/MIC/MIC/MIC

**BUY NOW. SAVE EVEN BIGGER.**

**Windows 10. Do great things.**  
It's the familiar feel of Windows - only better.



Save \$200



**Inspiron Desktop (Intel®)**  
Space-saving desktop design perfect for small spaces and ideal for expandability.

Market Value\* \$599.99  
**\$399.99** Total  
savings \$200

- 4th gen Intel® Core™ i3 processor
- Windows 10 Home
- 8GB memory<sup>1</sup> & 1TB<sup>2</sup> hard drive



**Inspiron 15 5000 Series (Intel®)**  
With touch screen

Market Value\* \$599.99  
**\$399.99** Total  
savings \$200

- AMD A8-7410 Quad-Core APU processor
- Windows 10 Home
- 5GB<sup>1</sup> memory<sup>1</sup> & 1TB<sup>2</sup> hard drive
- 15.6" HD Touch Display

**Price Match Guarantee\***  
Always get the best deal online. We will match HP, Apple<sup>®</sup> and Lenovo<sup>®</sup>. Learn more at [Dell.com/pricematch](http://Dell.com/pricematch).



**Xbox One 500GB - Name Your Game Bundle plus Halo 5: Guardians**

Market Value\* \$409.99  
**\$339.99** Total  
savings \$70

- Offer valid through 3/28/2016
- Choice of one of these full-price downloads: Forza Motorsport 6 Rise of the Tomb Raider Guns of War: Ultimate Edition Rare Replay

**Special financing offer:**  
\$20 instant off\* all Inspiron PCs under \$500 when financed with Dell Preferred Account.<sup>†</sup>  
Visit [Dell.com/9pa](http://Dell.com/9pa).

\*Patent/Availability: Offers subject to change, not combinable with all other offers. Taxes, shipping, handling and other fees apply. U.S. Dell Home new purchases only. Free shipping offer does not include time to build/availability in Continental (except Alaska) U.S. only. Free shipping offer does not include time to build/test system. Dell reserves the right to cancel orders pending from pricing or other errors. Market Value: Market Value is an estimate based on industry data such as published and as-cold prices for the same or comparable products in a survey of major online and/or offline retailers. Graphics & System Memory: GB means 1 billion bytes and TB equals 1 trillion bytes. Significant system memory may be used to support graphics, depending on system memory size and other factors. Hard Drives: GB means 1 billion bytes and TB equals 1 trillion bytes. Actual capacity varies with preloaded material and operating environment and will be less. Bundle Offers: This is a special bundle offer and Dell will only accept returns and order cancellations of the entire bundle. Price Match Guarantee: Generally, if you find a lower-price advertised on the internet for an identical electronic product or a similarly configured Dell/HP, Acer or Lenovo computer, Dell will match that price. Call or Chat online with a Dell Expert and we'll walk you through the process. Learn more at [Dell.com/Performance](http://Dell.com/Performance). Screens simulated, subject to change. Windows Store apps sold separately. App availability and experience may vary by market. Trademark and Copyright Notices: Ultrabook, Celeron, Celeron Inside, Core Inside, Intel, Intel Logo, Intel Atom, Intel Atom Inside, Intel Core, Intel Inside, Intel Inside Logo, Intel vPro, Itanium, Itanium Inside, Pentium, Pentium Inside, vPro Inside, Xeon, Xeon Phi, and Xeon Inside are trademarks of Intel Corporation in the U.S. and/or other countries. Microsoft, Windows, Xbox One and the Windows logo are registered trademarks of Microsoft Corporation. Dell, the Dell logo, XPS and Inspiron are trademarks of Dell Inc. Copyright 2016 Dell Inc. All rights reserved. **DELLPREFERREDACCOUNT (DPA)** Offered to U.S. residents by WebBank, who determines qualifications for and terms of credit. Taxes, shipping, and other charges are extra and vary. Dell and the Dell logo are trademarks of Dell Inc. <sup>†</sup>Instant savings applied at checkout when using Dell Preferred Account. Offers valid 3/21-4/17/59am, unless otherwise noted.

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PO BOX 729  
Lemont, IL 60439

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U.S. POSTAGE  
PAID  
DELL INC.

Postmaster: Please deliver between 03/23/16 - 03/25/16  
66396 1\*736047117-26941\*\*\*\*\*AUTO\*\*3-DIGIT 334  
John B Culverhouse  
1635 Thurnd Point Dr  
Fort Pierce, FL 34949-3570



Platinum Card®

BRAD CULVERHOUSE  
Closing Date 08/28/16

Account Ending 8-27007

**Payments and Credits**

**Summary**

	Total
Payments	[REDACTED]
Credits	\$0.00
<b>Total Payments and Credits</b>	[REDACTED]

**Detail** \*Indicates posting date

Payments	Amount
08/16/16* JOHN B CULVERHOUSE CUSTOMER SERVICE PAYMENT THANK YOU	[REDACTED]

**New Charges**

**Summary**

	Total
BRAD CULVERHOUSE 8-27007	[REDACTED]
JOHN B CULVERHOUSE 8-24517	[REDACTED]
<b>Total New Charges</b>	[REDACTED]

**Detail**

BRAD CULVERHOUSE  
Card Ending 8-27007

	Amount
07/29/16 ADOBE *ACROPRO SUBS Adobe Systems SAN JOSE CA 800-833-6687	\$14.99
08/03/16 NETFLIX.COM 866-579-7172 CA DVD RENTALS	\$9.70
08/05/16 ALAN GRAFF MD PA 0641 FT LAUDERDALE FL 954-257-4339 Description MEDICAL SERVICES	\$60.00
08/08/16 INTUIT *QB ONLINE 800-286-6800 CA SOFTWARE	\$14.95
08/09/16 WALGREENS FORT PIERCE FL 8002892273 Description REFER TO RECEIPT	\$19.06
08/09/16 WALGREENS FORT PIERCE FL 8002892273 Description REFER TO RECEIPT	\$4.00

005183 2/5

1618

**2016 NOTICE OF PROPOSED PROPERTY TAXES AND  
PROPOSED OR ADOPTED NON-AD VALOREM ASSESSMENTS  
SAINT ROCHER COMMUNITY SERVICES AND FACILITIES  
PROPOSED OR ADOPTED NON-AD VALOREM ASSESSMENTS  
AUTHORITIES**

The taxing authorities which levy property taxes against your property will soon hold PUBLIC HEARINGS to discuss the proposed property tax rates and to answer questions. You are invited to attend these public hearings and to express your views on the proposed changes. The purpose of the PUBLIC HEARINGS is to receive opinions from the general public and to answer questions on the proposed tax change and to answer questions on the proposed tax change and to answer questions on the proposed tax change.

**Account Number:** \_\_\_\_\_  
**Tax Code:** \_\_\_\_\_  
**Location:** 1635 THUMB POINT DR  
**Legal Desc:** THUMB POINT BLK 1 LOT 30 (OR 258-845; 3848-  
**Appreciation:** \_\_\_\_\_  
**Tax Code:** \_\_\_\_\_  
**Location:** \_\_\_\_\_  
**Legal Desc:** \_\_\_\_\_

**Owners Name:** \_\_\_\_\_  
**Owners Address:** \_\_\_\_\_  
**John B Culverhouse Sr / John B Culverhou**  
**1635 Thumb Point DR**  
**Fort Pierce, FL 34949-3570**

TAXING AUTHORITY	Column 1* Your Last Year's Tax Rate & Property Taxes		Column 2* Your Tax Rate & Taxes This Year If No Budget Change is Made		Column 3* Your Tax Rate & Taxes This Year If Budget Change is Made		A Public Hearing on the Proposed Taxes and Budget will be held:
	Tax Rate	Tax Amount	Tax Rate	Tax Amount	Tax Rate	Tax Amount	
SLC General Fund	4.1273	981.64	3.8894	1,870.08	4.1077	1,978.06	September 8, 2016 8:00 PM 2306 Virginia Ave 3rd Floor, Fort Pierce (772) 462-670
Jail Law Enf	3.2699	777.71	3.0752	1,481.63	3.2538	1,582.13	
Epakon Dist E	0.0815	22.00	0.0858	41.82	0.0925	44.57	
Mosquito Control	0.2413	57.39	0.2255	106.43	0.2164	104.26	
County Parks	0.1249	30.19	0.1191	57.38	0.1269	61.14	
County Transit	0.1249	30.19	0.1191	57.38	0.1269	61.14	
By State Law	0.0000	1,323.40	4.6408	2,235.94	4.6790	2,254.34	September 13, 2016 5:05 PM 4204 Ochslopes Rd, Fort Pierce (772) 429-3970
By Local Board	2.2400	590.88	2.0720	996.29	2.2480	1,083.09	
Fort Pierce	6.5300	1,641.30	6.6657	3,173.47	6.9000	3,324.42	September 8, 2016 6:30 PM 100 North US Hwy 1, Fort Pierce (772) 467-3073
S FL Wt Mgmt Dist	0.1489	34.70	0.1359	65.48	0.1359	65.48	September 8, 2016 5:15 PM 3301 Gail Club Rd, W Palm Beach (561) 886-1800
SFWMCD-Clear Basin	0.1646	37.72	0.1677	71.18	0.1677	71.18	
Everglades Project	0.0548	12.03	0.0573	22.60	0.0573	22.60	
SLC Fire Dist	3.0000	713.52	2.8190	1,358.19	3.0000	1,445.40	September 7, 2016 5:01 PM 9100 NW 11th St, Fort Saint Louis (772) 821-4000
FL Inland Nav Dist	0.0320	7.61	0.0299	14.41	0.0320	15.42	September 8, 2016 6:30 PM 340 Okean Dr, Juno Beach (561) 627-3900
Children's Services	0.4765	113.33	0.4478	215.75	0.4765	229.68	September 7, 2016 5:16 PM 546 NW University Blvd 1st Fl, PSL (772) 402-1100
SLC Port Bond	0.0000	3.69	0.0000	0.00	0.0000	0.00	September 8, 2016 6:00 PM 2500 Virginia Ave 3rd Floor, Fort Pierce (772) 462-6700

**SEE BELOW FOR EXPLANATION OF THE COLUMNS ABOVE.**

\*Column 1 - "Your Last Year's Tax Rate & Property Taxes"  
This column shows the tax rate and taxes that applied last year to your property. These amounts were based on budgets adopted last year and your property's assessed value.

\*Column 2 - "Your Tax Rate & Taxes This Year If No Budget Change is Made"  
This column shows what the tax rate and your taxes will be this year if each taxing authority does not change its property tax levy. These amounts are based on last year's budgets and your current assessment.

\*Column 3 - "Your Tax Rate & Taxes This Year If Budget Change is Made"  
This column shows what the tax rate and your taxes will be this year under the BUDGET ACTUALLY PROPOSED by each local taxing authority. The proposal is NOT final and may be amended at the public hearings shown above. The difference between column 2 and 3 is the tax change proposed by each local taxing authority and is NOT the result of higher assessed values.

**NOTE:** Amounts shown on this form are based on your current assessment and do not include any payment discounts you may be eligible to receive. Discounts are a maximum of 4 percent of the amount shown on this form.

LEVYING AUTHORITY	PURPOSE OF ASSESSMENT	UNITS	RATE	AMOUNT
Fort Pierce Stormwater	Stormwater Mgmt 772-467-3174	1.00000	54.000	54.00
<b>Total Non-Ad Valorem Assessment</b>				
Non-ad valorem assessments are placed on this notice at the request of the respective local governing boards. Your tax collector will be including them on the November tax notice. For details on particular non-ad valorem assessments, contact the levying local governing board.				
<b>Total Non-Ad Valorem Assessment</b>				
\$54.00				



Ken Pruitt, Property Appraiser

Tax Code: 122.04 Fort Pierce
Location: 1635 THUMB POINT DR

Account Number: 1748
Legal Desc: THUMB POINT BLK 1 LOT 30 (OR 258-845; 3848-1748)

Property Valuation

Table with 4 columns: Market Value, Last Year, This Year, and another column. Values: 487,200, 482,300.

Table with 8 columns: Taxing Authority, Assessed Value, Exemptions, and Taxable Value. Rows include County, Public School, Municipality, Water Management, Independent, and Voter Approval.

Table with 4 columns: Assessment, Applies to, Applies to, Value. Includes Assessment Reductions.

Table with 6 columns: Exemptions, Applies to, Applies to, Last Year, This Year. Includes First Homeowner, Widower, and Additional Homestead.

Where more than one value exists, only the value of exemption will be indicated.
If you feel that your property value is not correct, you may appeal to the Property Appraiser's Office...

Market Value: The value of your property as of the date of valuation, based on the best information available, as if the property were offered for sale to a willing buyer and a willing seller.

Assessed Value: The market value of your property minus any assessment reductions. The assessed value may be different for levies made by different taxing authorities.

- Properties that are assessed for the first time or reassessed after a change of ownership are assessed based on their market value.
• The assessment of your property can increase each year. The Save Our Homes program and the limitation for non-homesteaded property are exceptions to this rule.
• Certain types of property are assessed based on their current use rather than their market value.
• Some reductions lower the assessed value only for levies of certain taxing authorities.

If your assessed value is different from the market value, the amount of the difference and reason for the difference are listed in the box titled "Assessment Reductions".

Exemption: An exemption is a reduction in the assessed value of your property. Exemptions are available for certain types of property, depending on the taxing authority. The tax impact of an exemption may also vary for the same taxing authority, depending on the levy (e.g., operating millage vs. debt service millage).

Taxable Value: Taxable value is the value used to calculate the tax due on your property. Taxable value is the assessed value minus the value of your exemptions and discounts.

Our Promise to You... Superior Service, Trusted Results. Includes social media icons and contact information for www.pasc.org.



Platinum Card®

BRAD CULVERHOUSE

Closing Date 08/26/16 Next Closing Date 09/25/16

1630737274

p. 1/8

Account Ending 8-27007

New Balance

Please Pay By

09/10/16\*

Payment is due upon receipt. We suggest you pay by the Please Pay By date. You may have to pay a late fee if your payment is not received by the Next Closing Date.

Membership Rewards® Points

Available and Pending as of 07/31/16

188,532

For up-to-date point balance and full program details, visit [membershiprewards.com](http://membershiprewards.com)

Account Summary

Previous Balance  
Payments/Credits  
New Charges  
Fees

New Balance

Days In Billing Period: 31

Customer Care



Pay by Computer  
[americanexpress.com/pbc](http://americanexpress.com/pbc)

Customer Care  
1-800-925-3355

Pay by Phone  
1-800-472-9297

See Page 2 for additional information



See page 2 for important information about your account.



Pay with your American Express® Card at more places than ever.

Visit [shopsmallnow.com](http://shopsmallnow.com) to find nearby small businesses where you can use your Card.

More Priv

Please fold on the perforation below, detach and return with your payment.



Payment Coupon

Do not staple or use paper clips.



Pay by Computer

[americanexpress.com/pbc](http://americanexpress.com/pbc)



Pay by Phone

1-800-472-9297

Account Ending 8-27007

Enter 15 digit account # on all payments.  
Make check payable to American Express.

AB 01 006183 78101 B 30 C

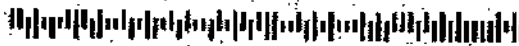


BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Please Pay By  
09/10/16  
Amount Due



Check here if your address or phone number has changed. Note changes on reverse side.



AMERICAN EXPRESS  
P.O. BOX 650448  
DALLAS TX 75265-0448

0000349991250310562 000690473000690473 22 H

006183 1/5

RES00461 23876

000009651

(060)

**Fort Pierce Util**

206 S 8th Street  
Fort Pierce, FL 34950  
Telephone No. (772)  
08-30-2016

Account #: [REDACTED]  
Lower #: [REDACTED]  
Account #: 74384700  
BRAD CULVERHOUSE

+ Received:  
Tendered Check:  
Number .

will be posted: 08-30-2016  
CASHIER8

Thank you - Have a nice day...

NEW HOURS M-F 9AM - 5PM  
DRIVE THRU 9AM - 5PM  
WWW.FP

\*\*\* Budget Billing Now Available

CUSTOMER COPY



**FORT PIERCE UTILITIES AUTHORITY**  
 PO BOX 3191  
 FORT PIERCE FL 34948-3191  
 WWW.FPUA.COM

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or a WWW.FPUA.COM. For questions about your bill, please call FPUA at (772)466-1600 (CALL 811 OR 1-800-432-4770 ~ 48 HOURS BEFORE DIGGING.)

Service Address: 1635 THUMB POINT DR Statement Date: 8/30/2016

Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
[REDACTED]	\$90.21	\$0.00	\$90.21	\$30.27	9/19/2016	\$120.48

**WATER METER**

Current Read	4	08/23/16
Previous Read	4	07/22/16
K Gals Used	0	

Jul16	1 Mar16	0 Nov15	0
Jun16	0 Feb16	0 Oct15	0
May16	3 Jan16	0 Sep15	0
Apr16	0 Dec15	0 Aug15	0

**SERVICES**

CUSTOMER CHARGE	\$	13.88
CITY UTILITY TAX WATER	\$	1.39
	W69013309	\$ 15.27
<b>TOTAL WATER SERVICE:</b>	\$	<b>15.27</b>

**MISCELLANEOUS CHARGES**

LATE PAYMENT CHARGE	\$	15.00
<b>TOTAL MISCELLANEOUS CHARGES:</b>	\$	<b>15.00</b>
<b>TOTAL BILLING:</b>	\$	<b>30.27</b>



**FORT PIERCE UTILITIES AUTHORITY**

Mail To: P.O. Box 13929, Fort Pierce, FL 34979-3929

WWW.FPUA.COM

For questions about your bill, please call (772) 466-1600

Account Number	Service Address	Previous Balance	New Charges	Total Due
[REDACTED]	1635 THUMB POINT DR	\$90.21	\$30.27	\$120.48
Phone Number:	Email Address:	We are requesting that you provide us with a phone number and email address for notifications.		



BRAD CULVERHOUSE  
 ATTORNEY AT LAW CHARTERED  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

AMOUNT PAID



**FORT PIERCE UTILITIES AUTHORITY**  
**PO BOX 3191**  
**FORT PIERCE FL 34948-3191**  
**WWW.FPUA.COM**

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at [WWW.FPUA.COM](http://WWW.FPUA.COM). For questions about your bill, please call FPUA at (772) 466-1600. **(CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)**

Service Address: **1635 THUMB POINT DR, TEMP** Statement Date: **8/30/2016**

Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
[REDACTED]	\$8.04	(\$8.04)	\$0.00	\$7.04	9/19/2016	\$7.04

Current Read	Previous Read	kWh Used	08/23/16	07/22/16
10	10	0		

DESCRIPTION	AMOUNT
CUSTOMER CHARGE	\$ 5.84
ELEC GROSS RECEIPTS COM	\$ 0.15
ELEC SALES TAX	\$ 0.42
SCHOOL SALES TAX	\$ 0.03
CITY UTILITY TAX ELECTRIC	\$ 0.60
<b>E71521</b>	<b>\$ 7.04</b>
<b>TOTAL ELECTRIC SERVICE:</b>	<b>\$ 7.04</b>

Month	Start	End	Usage
Jul16	8 Mar16	0 Nov15	0
Jun16	0 Feb16	0 Oct15	0
May16	2 Jan16	0 Sep15	0
Apr16	0 Dec15	0 Aug15	0

**TOTAL BILLING: \$ 7.04**

Total due will be electronically transferred on or about 09/19/2016.

CUSTOMER - RETAIN TOP PORTION FOR YOUR RECORDS

**FORT PIERCE UTILITIES AUTHORITY** Mail To: P.O. Box 13929, Fort Pierce, FL 34979-3929 [WWW.FPUA.COM](http://WWW.FPUA.COM) For questions about your bill, please call (772) 466-1600

Account Number	Service Address	Previous Balance	New Charges	Total Due
[REDACTED]	1635 THUMB POINT DR, TEMP	\$0.00	\$7.04	\$7.04

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ We are requesting that you provide us with a phone number and email address for notifications.



BRAD CULVERHOUSE  
 ATTORNEY AT LAW CHARTERED  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

AMOUNT PAID  
**EZ PAY**

00015000001715042900000000000093192016000007040000000003



**FORT PIERCE UTILITIES AUTHORITY**

PO BOX 3191  
FORT PIERCE FL 34948-3191  
WWW.FPUA.COM

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at WWW.FPUA.COM. For questions about your bill, please call FPUA at (772)466-1600. (CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Service Address: 1635 THUMB POINT DR, TEMP Statement Date: 8/30/2016

Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
	\$8.04	(\$8.04)	\$0.00	\$7.04	9/19/2016	\$7.04

Current Read	10	08/23/16	
Previous Read	10	07/22/16	
kWh Used	0		
Jul16	8 Mar16	0 Nov15	0
Jun16	0 Feb16	0 Oct15	0
May16	2 Jan16	0 Sep15	0
Apr16	0 Dec15	0 Aug15	0

CHARGE	
CUSTOMER CHARGE	\$ 5.84
ELEC GROSS RECEIPTS COM	\$ 0.15
ELEC SALES TAX	\$ 0.42
SCHOOL SALES TAX	\$ 0.03
CITY UTILITY TAX ELECTRIC	\$ 0.60
	E71521 \$ 7.04
<b>TOTAL ELECTRIC SERVICE:</b>	<b>\$ 7.04</b>

**TOTAL BILLING: \$ 7.04**

Total due will be electronically transferred on or about 09/19/2016.

CUSTOMER - RETAIN TOP PORTION FOR YOUR RECORDS



**FORT PIERCE UTILITIES AUTHORITY**

Mail To: P.O. Box 13929, Fort Pierce, FL 34979-3929

WWW.FPUA.COM

For questions about your bill, please call (772) 466-1600.

Account Number	Service Address	Previous Balance	New Charges	Total Due
	1635 THUMB POINT DR, TEMP	\$0.00	\$7.04	\$7.04

Phone Number:

Email Address:

We are requesting that you provide us with a phone number and email address for notifications.



BRAD CULVERHOUSE  
ATTORNEY AT LAW CHARTERED  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

AMOUNT PAID

EZ PAY

000150000017150429000000000000919201600000704000000003



# STATEMENT PELICAN YACHT CLUB

1120 SEAWAY DRIVE  
FORT PIERCE, FLORIDA 34949  
(772) 484-4411

Mr & Mrs Brad Culverhouse  
1635 Thumb Point Dr.  
Ft Pierce, FL 34949

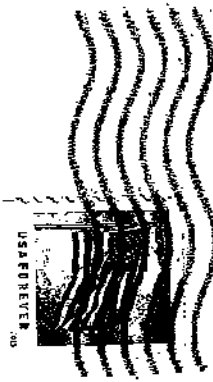
MEMBER NO  
[REDACTED]

DATE  
Aug 31/16

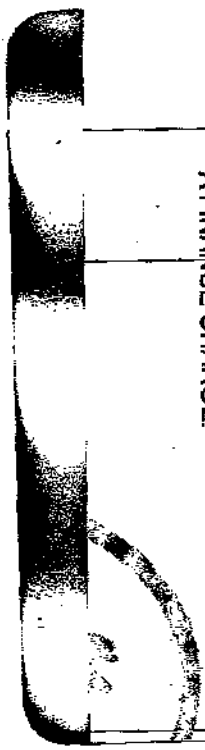
AMOUNT PAID \$

**PELICAN YACHT CLUB**  
1120 SEAWAY DRIVE  
FORT PIERCE, FLORIDA 34949

WEST PALM BEACH FL 334  
02 SEP 2016 PM 11

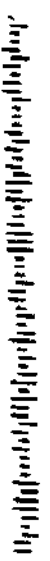


PLEASE NOTE THAT ALL PELICAN YACHT CLUB  
THE 15TH OF THE MONTH. IF NOT PAID BY TH  
A FINANCE CHARGE.



STATEMENT ENCLOSED

1120 SEAWAY DRIVE  
FORT PIERCE, FLORIDA 34949



**FORM 1**

**STATEMENT OF FINANCIAL INTERESTS**

**2015**

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME -- FIRST NAME -- MIDDLE NAME:

Culverhouse, John B. Sr.

MAILING ADDRESS:

1635 Thumb Point Drive

CITY:

Fort Pierce, FL 34949

ZIP:

COUNTY:

St Lucie

NAME OF AGENCY:

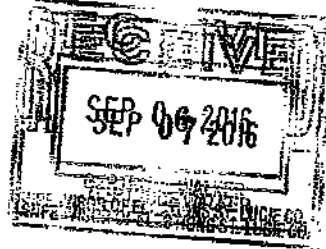
City of Fort Pierce

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Historic Preservation Board

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF  CANDIDATE OR  NEW EMPLOYEE OR APPOINTEE



\*\*\* BOTH PARTS OF THIS SECTION MUST BE COMPLETED \*\*\*

**DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2015 OR

SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:

Final Report - Term ended 3/21/2016

**MANNER OF CALCULATING REPORTABLE INTERESTS:**

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

DOLLAR VALUE THRESHOLDS

**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Brad Culverhouse Attorney At Law, Chtd.	505 Beach Court Suite 1 Fort Pierce, FL 34950	Legal Services
Social Security Benefits	U.S. Govt. Soc Sec Admin	

**PART B -- SECONDARY SOURCES OF INCOME**

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
None			

**PART C -- REAL PROPERTY** [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

1635 Thumb Pt. Drive, Ft. Pierce, FL 34949  
 (Primary Residence at Homestead Exempt) (R#B, J#A)  
 1629 Thumb Pt. Dr., Ft. Pierce, FL 34949

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc. - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
None	

**PART E — LIABILITIES** [Major debts - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
PNC Bank, NA	1 PNC Bank Plaza, 2495th Ave, P.O. Box 15222
PNC Mortgage, Inc.	" " " "

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses - See instructions]  
 (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
	Brad Culverheest	
ADDRESS OF BUSINESS ENTITY	Atlanta, AL	
PRINCIPAL BUSINESS ACTIVITY	Chartered - Legal Service	
POSITION HELD WITH ENTITY	Attorney	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes	
NATURE OF MY OWNERSHIP INTEREST	100%	

**PART G — TRAINING**  
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**SIGNATURE OF FILER:**

Signature:

*[Handwritten Signature]*

Date Signed:

July 3, 2016

**CPA or ATTORNEY SIGNATURE ONLY**

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**FILING INSTRUCTIONS:**

**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

**NOTE:**

**MULTIPLE FILING UNNECESSARY:**

A candidate who previously filed Form 1 because of another public position must file a copy of his or her Form 1 when qualifying. A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

Facsimiles will not be accepted.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15708, Tallahassee, FL 32317-5708; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see page 3 of instructions.

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** must file at the same time they file their qualifying papers.


**Thereafter**, file by July 1 following each calendar year in which they hold their positions.

**Finally**, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2015.

**Fort Pierce Utilities Authority**  
206 S. 6th St.  
P.O. Box 3191  
Ft. Pierce, FL 34948-3191  
Website: [www.fpuua.com](http://www.fpuua.com)

PRESORTED  
FIRST CLASS



U.S. POSTAGE  PITNEY BOWES  
ZIP 34950 \$000.37<sup>6</sup>  
02 1W  
00014031516 AUG 30 2016



PNC Mortgage  
P.O. Box 1820  
Dayton, OH 45401-1820



8-749-38366-0003829-001-1-000-000-000  
JOHN B CULVERHOUSE  
1685 THUMB POINT DR  
FORT PIERCE FL 34949-3670

PNC Mortgage  
3232 Newmark Drive  
Miamisburg, Ohio 45342

Mailing Address:  
P.O. Box 1820  
Dayton, Ohio 45401-1820

LOAN NUMBER: [REDACTED]  
DATE: September 12, 2016  
PAGE 1 OF 1

stops working well. Do not take more than ordered. If you are 65 or older, use this drug with care. You could have more side effects. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

**POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?**  
**WARNING/CAUTION:** Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382

**JOHN CULVERHOUSE SR**  
 1635 Thurnb Point Dr, Fort Pierce, FL 349493570  
 88811716-4726

RX # 1897409-04391 DATE: 09/18/16

**METFORMIN 500MG TABLETS**

QTY: 90 1 REFILL BEFORE 03/18/17  
 Refill NDC: 00378-7185-05  
 Retail Price: \$31.49 Your Insurance Saved You: \$29.44

\$ 2.05

PBR: A. RASHID PLAN: AARPMPD  
 MFG: MYLAN GROUP# PDPIND  
 YYY/ / MIC CLAIM REF# 162600415274006999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
 1635 Thurnb Point Dr, Fort Pierce, FL 349493570  
 88811716-4726

RX # 1897409-04391 DATE: 09/18/16

**METFORMIN 500MG TABLETS**

QTY: 90 1 REFILL BEFORE 03/18/17  
 Refill NDC: 00378-7185-05  
 Retail Price: \$31.49 Your Insurance Saved You: \$29.44

\$ 2.05

PBR: A. RASHID PLAN: AARPMPD  
 MFG: MYLAN GROUP# PDPIND  
 YYY/ / MIC CLAIM REF# 162600415274006999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 1:00AM  
 Refill

METFORMIN 500MG TABLETS  
 00378-7185-05  
 END CAP

QTY 90  
 20 DRAM



WHITE  
 FRONT: G  
 BACK: MF 1

YYY/ / MIC

infection like fever, chills, or sore throat. Talk with your doctor. If you are taking this drug and have high blood pressure, talk with your doctor before using OTC products that may raise blood pressure. These include cough or cold drugs, diet pills, stimulants, ibuprofen or like products, and some natural products or aids. Talk with your doctor before you drink alcohol. Be careful in hot weather or while being active. Drink lots of fluids to stop fluid loss. Tell your doctor if you have too much sweat, fluid loss, throwing up, or loose stools. This may lead to low blood pressure. This drug may not work as well in black patients. Talk with the doctor. A very bad reaction called angioedema has happened with this drug. Sometimes, this has been deadly. The chance of angioedema may be higher in black patients. Talk with the doctor. If you are 65 or older, use this

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382

**JOHN CULVERHOUSE SR**  
 1635 Thurnb Point Dr, Fort Pierce, FL 349493570  
 88811716-4726

RX # 1897410-04391 DATE: 09/18/16

**BENAZEPRIL 40MG TABLETS**

QTY: 90 1 REFILL BEFORE 03/18/17  
 Refill NDC: 43547-0338-10  
 Retail Price: \$59.99 Your Insurance Saved You: \$56.14

\$ 3.85

PBR: A. RASHID PLAN: AARPMPD  
 MFG: SOLCO GROUP# PDPIND  
 YYY/ / MIC CLAIM REF# 162600415490076999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
 1635 Thurnb Point Dr, Fort Pierce, FL 349493570  
 88811716-4726

RX # 1897410-04391 DATE: 09/18/16

**BENAZEPRIL 40MG TABLETS**

QTY: 90 1 REFILL BEFORE 03/18/17  
 Refill NDC: 43547-0338-10  
 Retail Price: \$59.99 Your Insurance Saved You: \$56.14

\$ 3.85

PBR: A. RASHID PLAN: AARPMPD  
 MFG: SOLCO GROUP# PDPIND  
 YYY/ / MIC CLAIM REF# 162600415490076999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
 PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SUN 1:00AM  
 Refill

BENAZEPRIL 40MG TABLETS  
 43547-0338-10  
 FAST RACK

QTY 90  
 10 DRAM



BLUE  
 FRONT: S  
 BACK: 344

YYY/ / MIC

doctor or pharmacist. This includes any medicines used to treat colds or congestion. **CAUTION IS ADVISED WHEN USING THIS MEDICINE IN THE ELDERLY** because they may be more sensitive to the effects of this medicine. **FOR WOMEN: THIS MEDICINE HAS BEEN SHOWN TO CAUSE HARM to the human fetus. IF YOU PLAN ON BECOMING PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. THIS MEDICINE IS EXCRETED IN BREAST MILK. IF YOU ARE OR WILL BE BREAST-FEEDING** while you are using this medicine, check with your doctor or pharmacist to discuss the risks to your baby. **FOR PATIENTS WITH DIABETES MELLITUS:** this medicine may mask signs of low blood sugar such as a rapid heart rate. Check blood glucose levels regularly.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349498570  
091716-4726

**RX # 1901399-04391**      DATE: 07/17/16

**ATENOLOL 25MG TABLETS**  
QTY: 90      3 REFILLS BEFORE 09/15/16  
Copy      NDC: 00378-0218-10  
Retail Price: \$25.99      Your Insurance Saved You: \$22.99

\$ **3.00**

A. MAHARAJ, MD      PLAN: AARPMPD  
MFG: MYLAN      GROUP# PDPIND  
CNW/MIC/MIC/MIC      CLAIM REF# 161994185940104989

*Walgreens*      2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349498570  
091716-4726

**RX # 1901399-04391**      DATE: 07/17/16

**ATENOLOL 25MG TABLETS**  
QTY: 90      3 REFILLS BEFORE 09/15/16  
Copy      NDC: 00378-0218-10  
Retail Price: \$25.99      Your Insurance Saved You: \$22.99

\$ **3.00**

A. MAHARAJ, MD      PLAN: AARPMPD  
MFG: MYLAN      GROUP# PDPIND  
CNW/MIC/MIC/MIC      CLAIM REF# 161994185940104989

*Walgreens*      2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

**WAITING**  
SUN 2:52PM  
Copy

**ATENOLOL 25MG TABLETS**  
**00378-0218-10**  
END CAP

**QTY 90**  
**10 DRAM**



**WHITE**  
**FRONT: M**  
**BACK: A2**

CNW/MIC/MIC/MIC

**WAIVER AND RELEASE OF LIEN  
UPON PROGRESS PAYMENT  
Fla. Statute § 713.20**

The undersigned "Lienor", **BIG JOHNSON CONCRETE PLACEMENT LLC**, in consideration of the sum of **\$770.00**, hereby waives and releases its lien and right to claim a lien for labor, services, or materials furnished through (insert date) **FROM THE BEGINNING OF THE WORLD TO AND THROUGH THE DATE OF AUGUST 24, 2016**) to (insert the name of your customer) **REALTIME PROPERTY & DEVELOPMENT SERVICES, INC.** on the job of (insert the name of the owner), **JOHN B. CULVERHOUSE, SR., and JOHN B. CULVERHOUSE, JR., OWNERS** to/on the following job/ property:

1635 THUMB POINT DR., Fort Pierce 34950  
Real Estate Account #2401-605-0030-000/3  
THUMB POINT BLK 1 LOT 30 (OR 258-845)  
(description of property)

This waiver and release does not cover any retention or labor, services, or materials furnished after the date specified.

**DATED on August 30, 2016.**

**Lienor: BIG JOHNSON CONCRETE PLACEMENT LLC,**

By Jacob W. Bynum  
Name: **JOSHUA BYNUM** Title: **MGRM**

**STATE OF FLORIDA  
COUNTY OF MARTIN**

Sworn to and subscribed to before me this \_\_\_\_ day of August, 2016 by **JOSHUA BYNUM**, as **MGRM** of **BIG JOHNSON CONCRETE PLACEMENT LLC**, who did take an oath and who stated under oath that he/she is authorized to execute the foregoing on behalf of the "Lienor", **BIG JOHNSON CONCRETE PLACEMENT LLC**, and \_\_\_\_\_ who is personally known to me or \_\_\_\_\_ who has produced \_\_\_\_\_ as identification.

Jacob W. Bynum  
NOTARY PUBLIC  
NAME: \_\_\_\_\_



Jacob W. Bynum  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# FF031814  
Expires 10/28/2019

COMMISSION NO:  
COMMISSION EXPIRES:

**WAIVER AND RELEASE OF LIEN  
UPON PROGRESS PAYMENT  
Fla. Statute § 713.20**

The undersigned "Lienor", **BIG JOHNSON CONCRETE PLACEMENT LLC**, in consideration of the sum of **\$770.00**, hereby waives and releases its lien and right to claim a lien for labor, services, or materials furnished through (insert date) **FROM THE BEGINNING OF THE WORLD TO AND THROUGH THE DATE OF AUGUST 24, 2016** ) to (insert the name of your customer) **REALTIME PROPERTY & DEVELOPMENT SERVICES, INC.** on the job of (insert the name of the owner), **JOHN B. CULVERHOUSE, SR., and JOHN B. CULVERHOUSE, JR., OWNERS** to/on the following job/ property:

1635 THUMB POINT DR. Fort Pierce 34950

**BIG JOHNSON CONCRETE PLACEMENT, LLC**  
P.O. BOX 340  
FORT PIERCE, FL 34950

WEST PALM BEACH FL 33411

15 SEP 2016 PM 5:11



Brad Culverhouse  
505 Beach Court  
Ste 1  
Fort Pierce, FL 34950

34950-854405



Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of low magnesium levels like mood changes, muscle pain or weakness, muscle cramps or spasms, seizures, shakiness, not hungry, very bad upset stomach or throwing up, or a heartbeat that does not feel normal. Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. Signs of kidney problems like unable to pass urine, change in how much urine

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

MIC# 216392

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
888 11718-4726

RX # 1911044-04391

DATE: 09/19/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 3 REFILLS BEFORE 03/18/17

Copy NDC: 59746-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.48

\$ 6.41

A. RASHID, MD  
MFG: CADISTA  
ABP/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 162634394692079999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
888 11718-4726

RX # 1911044-04391

DATE: 09/19/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 3 REFILLS BEFORE 03/18/17

Copy NDC: 59746-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.48

\$ 6.41

A. RASHID, MD  
MFG: CADISTA  
ABP/MIC/MIC/MIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 162634394692079999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

MON 4:42PM  
Copy

PANTOPRAZOLE 40MG TABLETS  
59746-0284-90  
FAST RACK

QTY 90  
10 DRAM



LIGHT PINK  
FRONT: C284

ABP/MIC/MIC/MIC

Med Guide

**CAUTIONS:** Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists. Avoid driving and doing other tasks or actions that call for you to be alert or have clear eyesight until you see how this drug affects you. Have your blood pressure checked often if you have heart disease. Have your eye pressure checked. Talk with your doctor. Talk with your doctor before you drink alcohol or use other drugs and natural products that slow your actions. Tell your doctor if you have an eye infection, eye injury, or will be having eye

starting any new drug, including prescription or OTC, natural products, or vitamins. Some drugs may have another patient information leaflet. Check with your pharmacist. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.

02816-4/JUN

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
888 11718-4726

RX # 1910729-04391

DATE: 09/16/16

**SIMBRINZA 1-0.2% SUSPENSION BML**

QTY: 24 4 REFILLS BEFORE 10/29/16

Copy NDC: 00065-4147-27

Retail Price: \$491.89 Your Insurance Saved You: \$316.36

\$ 175.53

A. MAHARAJ, MD  
MFG: ALCON  
MIC/MIC/MIC/CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 162604826225076999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
888 11718-4726

RX # 1910729-04391

DATE: 09/16/16

**SIMBRINZA 1-0.2% SUSPENSION BML**

QTY: 24 4 REFILLS BEFORE 10/29/16

Copy NDC: 00065-4147-27

Retail Price: \$491.89 Your Insurance Saved You: \$316.36

\$ 175.53

A. MAHARAJ, MD  
MFG: ALCON  
MIC/MIC/MIC/CNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 162604826225076999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

FRI 5:53PM  
Copy

SIMBRINZA 1-0.2% SUSPENSION BML  
00065-4147-27  
UNIT OF USE

QTY 24



LIQUID

MIC/MIC/MIC/CNW



Platinum Card®

BRAD CULVERHOUSE  
Closing Date 09/25/16 Next Closing Date 10/26/16

Account Ending 8-27007

**New Balance**

Please Pay By

10/10/16\*

Payment is due upon receipt. We suggest you pay by the Please Pay By date. You may have to pay a late fee if your payment is not received by the New Closing Date.

**Membership Rewards® Points**

Available and Pending as of 09/21/16  
195,438  
For up to date point balance and full program details, visit [membershiprewards.com](http://membershiprewards.com)

**Account Summary**

Previous Balance  
Payments/Credits  
New Charges  
Fees

**New Balance**

Days in Billing Period 30

See page 2 for important information about your account.



Pay with your American Express® Card at more places than ever.

Visit [shopsmallnow.com](http://shopsmallnow.com) to find nearby small businesses where you can use your Card.

**Customer Care**

**Pay by Computer**  
[americanexpress.com/pbc](http://americanexpress.com/pbc)

**Customer Care** Pay by Phone  
1-800-527-3355 1-800-472-9297

See Page 2 for additional information.

Please fold on the perforation below, detach and return with your payment.



**Payment Coupon**  
Do not staple or use paper clips.



**Pay by Computer**  
[americanexpress.com/pbc](http://americanexpress.com/pbc)



**Pay by Phone**  
1-800-472-9297

Account Ending 8-27007

Enter 15 digit account # on all payments.  
Make check payable to American Express.

AB 01 609450 03964 B 50 A

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Please Pay By  
10/10/16  
Amount Due

Check here if your address or phone number has changed. Note changes on reverse side.

AMERICAN EXPRESS  
P.O. BOX 650448  
DALLAS TX 75265-0448

0000349991250310562 000764159000764159 22 H

**LEXINGTON INSURANCE COMPANY**  
99 High Street  
Boston, MA 02110-2103  
HO3 Quote Confirmation

**Policy Number: 63761930 - 01**

**Effective: 09/16/2016**

**Name of Insured and Risk Address:  
Culverhouse, SR, John B**

**Expiration: 09/16/2017**

**1635 THUMB POINT DR  
FORT PIERCE, FL 34949-3570**

**THIS INSURANCE IS ISSUED PURSUANT TO THE FLORIDA SURPLUS LINES LAW. PERSONS INSURED BY SURPLUS LINES CARRIERS DO NOT HAVE THE PROTECTION OF THE FLORIDA INSURANCE GUARANTY ACT TO THE EXTENT OF ANY RIGHT OF RECOVERY FOR THE OBLIGATION OF AN INSOLVENT UNLICENSED INSURER.**

**Producing Agent: Harbor Insurance Agency Inc**

**Address: 580 Village Blvd Ste 215  
West Palm Beach, FL 33409**

**SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY.**

**THIS POLICY CONTAINS A SEPARATE DEDUCTIBLE FOR HURRICANE OR WIND LOSSES, WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

**THIS POLICY CONTAINS AS CO-PAY PROVISION THAT MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.**

**Lexington Insurance Company**  
**99 High Street**  
**Boston, MA 02110-2103**

**Quote Confirmation**

Quote Effective Date: 09/16/2016  
 Quote Number: 63761930 - 01

Issue Date: 08/24/2016

**Broker:**  
 Hull & Company - National Risk Solutions  
 970 Lake Carillon Dr., Suite 200  
 St. Petersburg, FL 33716  
 Ph/Fax: /  
 From: Hull & Company - National Risk Solutions

**Sub-Broker:**  
 Hull & Company - National Risk Solutions  
 800 Carillon Pkwy  
 St. Petersburg, FL 33716  
 Ph/Fax: 866-417-4855/  
 Attn: Kathy Sofarelli

**RE: Applicant** Culverhouse, SR, John B  
**Policy Type:** HO3  
**Insured Location:** 1635 THUMB POINT DR  
 FORT PIERCE, FL 34949-3570

<b>Coverage Part 1 – Homeowners</b>		
- Coverage A: Dwelling	\$153,000	
- Coverage B: Other Structures	\$3,000	
- Coverage C: Personal Property	\$10,000	
- Coverage D: Loss Of Use	\$5,000	
- Loss Assessment Coverage	\$1,000	
- Coverage E: Personal Liability	\$300,000	
- Coverage F: Medical Payments to Others	None	

<b>Coverage Part 2 – Personal Umbrella</b>	
- Umbrella Limit	\$0
- Self Insured Retention	\$0

<b>Coverage Part 3 – Excess Flood</b>	
- Building	\$0
- Contents	\$0

<b>Coverage Part 4 – Scheduled Property</b>	
- Total Scheduled Property	\$0

**Homeowners Options\***

Replacement Cost Contents:	No	Extended Liability:	None
Special Coverage C:	No	Watercraft Liability:	No
Extended Replacement:	No	Home Business:	No
Personal Injury: (HO Only)	No	Business Property:	No
Special Limits Cov. C:	No	BR – Theft:	No
Water Back Up:	\$5,000	BR – Extended Cov:	No
Special Computer:	No	Golf Cart Coverage:	No
Identity Fraud:	No	Ordinance Or Law:	10%
Earthquake: (Prem:\$ )	Excluded		

**Premium, Tax and Fees:**

Coverage Part 1 – Homeowners	\$1,744
Coverage Part 2 – Umbrella	\$0
Coverage Part 3 – Flood	\$0
Coverage Part 4 – Property	\$0

**Policy Premium:** \$1,744

\*This is a partial listing of available endorsements

**Homeowners Deductibles:**

All Other Perils:	\$2,500	Earthquake:	Excluded
Wind Hail:	5%	Special: None	\$0
		Special: None	\$0

**Surplus Lines Broker Responsibility:**

Inspection Fee:	\$0.00
SL Broker Fee:	\$35.00
Surplus Lines Taxes:	\$88.95
Stamping Fee:	\$2.67
Emergency Fund Fee:	\$2.00
<b>Total Due:</b>	<b>\$1,872.62</b>

\*Unless surplus lines taxes are shown above, the Sub-Broker is the S/L Broker responsible for the collection and payment of all surplus lines taxes and fees.

**NOTE(S) SECTION:**  
**TERMS AND CONDITIONS:**

St. Lucie Historical Society, Inc.  
P O Box 578  
Fort Pierce, Florida 34954

NON-PROFIT ORG.  
US POSTAGE  
**PAID**  
Fort Pierce, Fl  
Permit No 422

Or Current Resident

\*\* 153 \*\* WPB

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

**Membership Application**

**St. Lucie Historical Society, Inc.**

Please join us in preserving our local heritage for future generations.

Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Names and ages of minor children: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

I/We wish to join the Society at the level indicated below. Membership is from September through August.

New  Renewal  Individual (\$20.00)

Family (\$25.00)  Business (\$50.00)

Please make checks payable to:

St. Lucie Historical Society, Inc

P O Box 578

Fort Pierce, Florida 34954-0578

For information telephone: (772) 461-8020

**General Meeting are held at:**

**The Elks Club**

**635 South 5<sup>th</sup> Street**

**Fort Pierce, Florida 34950**

Society General Meetings are held on the 3<sup>rd</sup> Thursday of the month, from September through May. A meal is provided before the meeting at the price of \$12.00 per person. Reservations must be made for these meals no later than two days in advance of the meeting. To make reservations telephone (772) 461-8020 and leave a message. Reservations and your RSVP information by e-mail to: [dinner@stluciehistoricalsociety.org](mailto:dinner@stluciehistoricalsociety.org). Dinner begins at 5:30 P.M. and the General Meeting Starts at 6:00 P.M.

**Volunteers are Needed**

If you have 3 1/2 hours that you can give once a week either in the morning or afternoon, please consider volunteering at the Museum.

Admission, to the museum, for St. Lucie Historical Society members is FREE. So come and take a tour.

The latest exhibit is St Lucie Families-Crafters of Local History.

The Pineapple Patch Gift Shop has a large selection of books of Florida historical value, cards, handmade Seminole Indian dolls, and baubles made by volunteers.

**Museum Hours:**

Wednesday-Saturday, 10 am to 4 pm. Sunday, 1 pm-4 pm



# REPLACEMENTS, LTD.

*China, Crystal & Silver • Old & New*

1089 Knox Road, PO Box 26029, Greensboro, NC 27420  
1-800-REPLACE • FAX 1-336-697-3100 • TDD 1-800-270-3708  
SATISFACTION IS GUARANTEED. SEE DETAILS ON LAST PAGE.



Quote Date: 09/08/2016  
Page #: 1

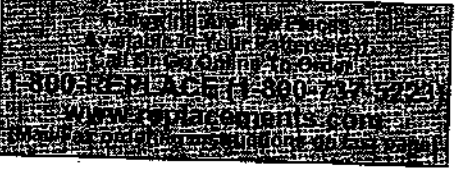
ELECTRONIC SERVICE REQUESTED



33478 AT/DB 0.239 T34 \*\*AUTO3-DIGIT 334 PL1 N320

#0000196691821# KX

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE, FL 34949-3570



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www.replacements.com



## ***Check out our improved search feature on [replacements.com](http://replacements.com)***

We have made it easier to browse your patterns or shop for that perfect gift.  
Now you can filter your search by price, availability, manufacturer, piece type, and more.  
Look for exciting changes to our website in the months ahead!

**Cardiovascular Consultants**

2215 Nebraska Avenue, Suite 2E  
 Fort Pierce, FL 34950  
 Tel: 772-461-6812  
 Fax: 772-461-6816

**Summary of Today's Visit****CULVERHOUSE, JOHN BRADFORD**

DOB: [REDACTED]

Account No 3399

Gender: Male

Race: White

Ethnicity: Not Hispanic or Latino

Preferred Language: English

09/19/2016 visit with Ahmad Rashid, MD

**Medication List****Other medications you are on**

- Taking phentermine : 37.5 mg 1 cap(s) orally once daily prn.
- Taking indomethacin : 25 mg 1 cap(s) orally 3 times a day prn,90 days ,270 ,Refills: 3
- Taking Norvasc : 10 1 tab(s) orally once a day,90 ,90 ,Refills: 3
- Taking Glucophage : 500 mg 1 tab orally once a day,90 ,90 ,Refills: 3
- Taking Lotensin : 40 mg 1 tab(s) orally once a day,90 ,90 ,Refills: 3
- Taking Lasix : 20 mg 1 tab(s) orally once a day prn,90 ,90 ,Refills: 3
- Taking atenolol : 25 mg 1 tab(s) orally once a day,90 ,90 Tab ,Refills: 3
- Taking Protonix : 40 mg 1 tab(s) orally once a day,90 ,90 Unspecified ,Refills: 3
- Taking Nitrostat : 0.4 mg 1 tab(s) sublingually every 5 minutes,25 ,Refills: 3
- Taking Lumigan : 0.03% 1 gtt in each affected eye once a day (in the evening)
- Taking Simbrinza : 0.2%-1% 1 gtt in each affected eye 3 times a day

**Smoking Status**

nonsmoker

**Your Next Appointment(s)**

• **Mon, 23 Jan 2017 at 01:00 PM with Ahmad Rashid, MD** at

CARDIOVASCULAR CONSULTANTS 2215 NEBRASKA AVENUE SUITE 2E FORT PIERCE, FL 349504866 Phone: 772-461-6812 (Reason: 4 MNTH OV)

Summary of Today's Visit for - CULVERHOUSE, JOHN BRADFORD DOB: [REDACTED] Account No [REDACTED]

**CARDIOVASCULAR CONSULTANTS 2215 NEBRASKA AVENUE FORT PIERCE, FL 349504866 772-461-6812**

Summary generated by eClinicalWorks (www.eclinicalworks.com)

This document contains confidential information about your health. To maintain your privacy, do not throw this document in the trash. If you do not wish to keep this document for your records, please shred or otherwise securely dispose of your copy. If you are not the intended recipient, please destroy this document and report it to the physician's office named above.

side effects. Talk with your doctor before you drink alcohol. If you are 65 or older, use this drug with care. You could have more side effects. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

**JOHN CULVERHOUSE SR**

1625 Thumb Point Dr, Fort Pierce, FL 349493970

8881716-4726

**RX # 1865185-04391**

DATE: 09/09/16

**AMLODIPINE BESYLATE 10MG TABLETS**

QTY: 90 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 68180-0752-03

Retail Price: \$155.89 Your Insurance Saved You: \$152.89

**\$ 3.00**

A. MAHARAJ, MD  
MFG: LUPIN  
YYYI / ICNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 162530415763083999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34931  
PH: (772) 595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**

1625 Thumb Point Dr, Fort Pierce, FL 349493970

8881716-4726

**RX # 1865185-04391**

DATE: 09/09/16

**AMLODIPINE BESYLATE 10MG TABLETS**

QTY: 90 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 68180-0752-03

Retail Price: \$155.89 Your Insurance Saved You: \$152.89

**\$ 3.00**

A. MAHARAJ, MD  
MFG: LUPIN  
YYYI / ICNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 162530415763083999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34931  
PH: (772) 595-3077

Duplicate  
Receipt

Pharmacy use only

SUN 1:00AM  
Refill

AMLODIPINE BESYLATE 10MG TABLETS  
68180-0752-03  
END CAP

QTY 90  
20 DRAM



WHITE  
FRONT: LU  
BACK: H13

YYYI / ICNW

Fort Pierce Utilities Authority  
206 S. 6th Street  
P.O. Box 3191  
Fort Pierce, Florida 34948-3191  
(772) 466-1600, ext. 3900



BRAD CULVERHOUSE  
ATTORNEY AT LAW CHARTERED  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

3.766

# REMINDER NOTICE

Our records indicate your utility bill is past due in the amount of **\$30.27**  
for Account # **[REDACTED]**  
located at **1635 THUMB POINT DR.**

Payments are accepted at the following locations:


Fort Pierce Utilities Authority	206 South 6 <sup>th</sup> Street	(772) 466-1600
Seacoast Bank	1901 S US Highway 1	(772) 466-3401
Jackson Drugs	2301 Okeechobee Road	(772) 464-3784
Dixon Check Cashing	2410 Avenue D	(772) 461-1010
Dixon Check Cashing	420 N US Highway 1	(772) 429-0210
Cash Plus	2059 S US Highway 1	(772) 466-8669

If you have already made payment, please verify we have received the payment by visiting <http://www.fpuu.com>, or call our office at (772) 466-1600.

**Fort Pierce Utilities Authority**  
206 S. 6th St.  
P.O. Box 3191  
Ft. Pierce, FL 34948-3191  
Website: [www.fpuia.com](http://www.fpuia.com)

PRESORTED  
FIRST CLASS



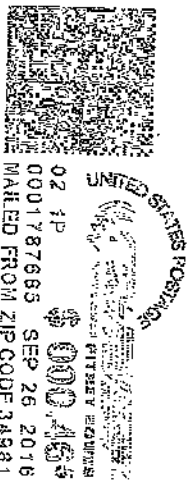
U.S. POSTAGE  PTNEY BOWERS  
ZIP 34950 \$000.37<sup>6</sup>  
02 1W  
0001401510SEP 20. 2016

**9**

**CULPEPPER & TERPENING, INC.**  
CONSULTING ENGINEERS LAND SURVEYORS  
2980 SOUTH 25TH STREET  
FT. PIERCE, FL 34981

Mr. Brad Culverhouse Esq.  
Brad Culverhouse, Esq.  
1635 Thumbpoint Drive  
Fort Pierce, FL 34949

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



34949-357038

1/2

## Gertrude Walker

Supervisor of Elections  
St. Lucie County  
4132 Okeechobee Rd.  
Ft. Pierce, FL 34947-5412



NONPROFIT ORG.  
U.S. POSTAGE  
PAID  
ORLANDO, FL  
PERMIT NO. 3937



VOTE AT:  
16.1  
016 - Chapel By the Sea  
1717 Gulfstream Ave, Fort Pierce

64  
2-23307

108189471 16.1 N16 STYLE 2  
CULVERHOUSE JOHN BRADFORD SR  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570



# OFFICIAL SAMPLE BALLOT GENERAL ELECTION, NOVEMBER 8, 2016

Dear Voter:

Please study this sample ballot. Now, for your convenience, Vote-By-Mail ballots may be **dropped off at all five early voting sites during Early Voting** and at all **three Supervisor of Elections offices** until 7:00 pm Election Day. To Vote-By-Mail, update your signature, change your address, change your party or for more information call 772-462-1500. Visit [www.slcelections.com](http://www.slcelections.com) to Check Your Registration Status. It is important that you keep your signature updated. Check your Voter information card for your location or visit [www.slcelections.com](http://www.slcelections.com) and click on "Where Do I Vote".

**Gertrude Walker**  
Supervisor of Elections

**Orange Blossom Center**  
4132 Okeechobee Road  
Fort Pierce  
772-462-1500

**St. Lucie West Annex**  
250 NW Country Club Drive  
Port St. Lucie  
772-871-5410

**Walton Road Annex**  
1664 SE Walton Road  
Port St. Lucie  
772-337-5623



**FORT PIERCE UTILITIES AUTHORITY**

PO BOX 3191

FORT PIERCE FL 34948-3191

WWW.FPUA.COM

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at WWW.FPUA.COM. For questions about your bill, please call FPUA at (772) 466-1600 (CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Service Address: 1635 THUMB POINT DR, TEMP Statement Date: 9/29/2016

Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
[REDACTED]	\$7.04	(\$7.04)	\$0.00	\$7.04	10/19/2016	\$7.04

Current Read	Previous Read	kWh Used	Current Date	Previous Date
10	10	0	09/23/16	08/23/16

Month	Start	End	Usage
Aug16	0 Apr16	0 Dec15	0
Jul16	8 Mar16	0 Nov15	0
Jun16	0 Feb16	0 Oct15	0
May16	2 Jan16	0 Sep15	0

CUSTOMER CHARGE	\$	5.87
ELEC GROSS RECEIPTS COM	\$	0.15
ELEC SALES TAX	\$	0.42
SCHOOL SALES TAX	\$	0.00
CITY UTILITY TAX ELECTRIC	\$	0.60
	E71521	\$ 7.04
<b>TOTAL ELECTRIC SERVICE:</b>	<b>\$</b>	<b>7.04</b>

**TOTAL BILLING: \$ 7.04**

Total due will be electronically transferred on or about 10/19/2016.

CUSTOMER - RETAIN TOP PORTION FOR YOUR RECORDS



**FORT PIERCE UTILITIES AUTHORITY**

Mail To: P.O. Box 13929, Fort Pierce, FL 34979-3929

WWW.FPUA.COM

For questions about your bill, please call (772) 466-1600

Account Number	Service Address	Previous Balance	New Charges	Total Due
[REDACTED]	1635 THUMB POINT DR, TEMP	\$0.00	\$7.04	\$7.04

Phone Number:

Email Address:

We are requesting that you provide us with a phone number and email address for notifications.



BRAD CULVERHOUSE  
ATTORNEY AT LAW CHARTERED  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

AMOUNT PAID

**EZ PAY**

000150000171504290000000000101920160000070400000000



**FORT PIERCE UTILITIES AUTHORITY**  
 PO BOX 3191  
 FORT PIERCE FL 34948-3191  
 WWW.FPUA.COM

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Account Number	Amount Due	Amount Paid	Balance Forward	Previous Balance	New Charges	Net Change	Total Due
1635 FLUMIA POIN TDR	\$120.48	(\$90.21)	\$30.27	\$15.27			\$45.54
Statement Date: 9/29/2016							

Current Read	4	09/23/16	CUSTOMER CHARGE	\$	13.88
Previous Read	4	08/23/16	CITY UTILITY TAX WATER	\$	1.39
K Gals Used	0		TOTAL WATER SERVICE:	\$	15.27

Aug16	0	Apr16	0	Dec15	0
Jul16	1	Mar16	0	Nov15	0
Jun16	0	Feb16	0	Oct15	0
May16	3	Jan16	0	Sep15	0

TOTAL BILLING: \$ 15.27

**Fort Pierce Utilities Authority**

206 S. 6th St.  
 P.O. Box 3191  
 Ft. Pierce, FL 34948-3191

Website: www.fpu.com

PRESORTED  
 FIRST CLASS



U.S. POSTAGE PITNEY BOWES  
 ZIP 34950 \$000.376  
 02 7W  
 0001407510SEP 29 2016



A Division of PNC Bank, National Association

Customer Service Contact Information:  
PNC Mortgage, B8-YM07-01-7  
PO Box 1820  
Dayton, OH 45401-1820  
1-800-822-5626

Date: September 30, 2016

JOHN B CULVERHOUSE  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

Subject: Please provide insurance information for  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

Dear JOHN B CULVERHOUSE:

Our records show that your hazard insurance expired, and we do not have evidence that you have obtained new coverage. Because hazard insurance is required on your property, we plan to buy insurance for your property. You must reimburse us for any period during which the insurance we buy is in effect but you do not have insurance.

You should immediately provide us with your insurance information. This information must be provided in writing. All you need to do is ask your insurance agent to include the loan number and property address above on a copy of your new/renewal policy or notice of reinstatement and fax it with a Mortgagee Clause/Lender's Loss Payable Endorsement as soon as possible to: 1-937-324-7101. You/your agent can mail the documents to:

PNC BANK, NA  
ISAOA, ATIMA  
P O BOX 7433  
SPRINGFIELD, OH 45501-7433

Loan Number: [REDACTED]

Or, you may update your hazard insurance coverage information online at [www.MyCoverageInfo.com](http://www.MyCoverageInfo.com), referencing [REDACTED]

The insurance we buy:

- May be more expensive than the insurance you can buy yourself.
- May not provide as much coverage as an insurance policy you buy yourself.

If you have any questions, please contact us at 1-888-229-5429.

Sincerely,

PNC Mortgage Insurance Department

Please review the additional important information contained on the following pages of this letter.

To request information or notify us of an error regarding your account, please send a written request/notice to PNC Mortgage; PO Box 8807; Dayton, OH 45401-8807

2112H1-0115



ES54-0905

PNC BANK, NA  
INSURANCE CENTER  
P.O. BOX 7433  
SPRINGFIELD, OH 45501-7433

**IMPORTANT INFORMATION CONCERNING YOUR HOMEOWNER'S INSURANCE COVERAGE**

000032 - 000032  
JOHN B CULVERHOUSE  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

PRESORTED  
FIRST CLASS

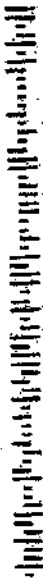


10/04/15  
US POSTAGE  
\$00.39  
ZIP 000872  
21 3004862

28

HOT-13B

34543



**PELICAN YACHT CLUB**

1120 SEAWAY DRIVE  
FORT PIERCE, FLORIDA 34949

Mr & Mrs Brad Culverhouse  
1635 Thumb Point Dr.  
Ft Pierce, FL 34949

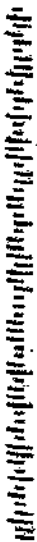
WEST PALM BEACH FL 334

POST OFFICE BOX 1

USAFOREVER<sup>TM</sup>

STATEMENT ENCLOSED

34949-357035





A Division of PNC Bank National Association

Customer Service Contact Information:  
PNC Mortgage, B6-YM07-01-7  
PO Box 1820  
Dayton, OH 45401-1820  
1-800-822-5626

October 3, 2016

JOHN B CULVERHOUSE  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

Property Address:  
1635 THUMBPOINT DR  
FORT PIERCE, FL 34949

COVERAGE AMOUNT: \$150,000  
EFFECTIVE DATE: 09/16/2016  
CANCEL DATE: 09/16/2016

Loan No.  
[REDACTED]

Dear Borrower:

Thank you for providing evidence of your hazard insurance. We have updated our records to reflect this current information. Any temporary coverage has been canceled without charge to your account. Please accept our apologies for any inconvenience caused by this process.

If you have further questions about your insurance, please call our PNC Mortgage Homeowners Insurance Processing Center at 1-888-229-5429.

Sincerely,

PRESORTED  
FIRST CLASS  
10-3-16

USPOST  
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OCT 04 2  
ZIP 01  
21 30071



**IMPORTANT INFORMATION CONCERNING YOUR HOMEOWNER'S INSURANCE COVERAGE**

Health problems. Call your doctor right away if you have signs of infection like fever, chills, or sore throat. Talk with your doctor. If you are taking this drug and have high blood pressure, talk with your doctor before using OTC products that may raise blood pressure. These include cough or cold drugs, diet pills, stimulants, ibuprofen or like products, and some natural products or aids. Talk with your doctor before you drink alcohol. Be careful in hot weather or while being active. Drink lots of fluids to stop fluid loss. Tell your doctor if you have too much sweat, fluid loss, throwing up, or loose stools. This may lead to low blood pressure. This drug may not work as well in black patients. Talk with the doctor. A very bad reaction called angioedema has happened with this drug. Sometimes, this has been deadly. The chance of angioedema may be higher in black patients. Talk with the doctor. If you are 65 or older, use this

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888) 716-4728

RX # 1897410-04391 DATE: 10/06/16

**BENAZEPRIL 40MG TABLETS**  
QTY: 10 PARTIAL REFILL BEFORE 03/18/17  
Refill NDC: 43547-0338-10

\$ 11.99

PBR: A. RASHID  
MFG: SOLCO  
ABP / ICNW

*Walgreens* 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772) 595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
(888) 716-4728

RX # 1897410-04391 DATE: 10/06/16

**BENAZEPRIL 40MG TABLETS**  
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PBR: A. RASHID  
MFG: SOLCO  
ABP / ICNW

*Walgreens* 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772) 595-3077

Duplicate  
Receipt

Pharmacy use only

THU 11:39AM  
Refill

BENAZEPRIL 40MG TABLETS  
43547-0338-10  
FAST RACK

QTY 10  
10 DRAM



BLUE  
FRONT: S  
BACK: 344

ABP / ICNW

United States Postal Service® <b>Sorry We Missed You We <sup>RE</sup> Deliver for You</b>		Today's Date: <u>10/8/16</u>	Sender's Name: <u>John B. Culverhouse</u>
Item is at: <input checked="" type="checkbox"/> Post Office* (See back)	Available for Pick-up After: Date: <u>10/10/16</u> Time: <u>9am</u>	For Redelivery Go to <a href="http://usps.com/redelivery">usps.com/redelivery</a> or see reverse	
<input checked="" type="checkbox"/> Letter <input type="checkbox"/> Large envelope, magazine, catalog, etc. <input type="checkbox"/> Parcel <input type="checkbox"/> Perishable item <input type="checkbox"/> Other:	For Delivery: (Enter total number of items delivered by service type.) For Notice Left: (Check applicable item) <input type="checkbox"/> Priority Mail <input type="checkbox"/> Express™ <input checked="" type="checkbox"/> Certified Mail™ (Must claim within 15 days or article will be returned) <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Adult Signature <input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> If checked, you or your agent must be present at time of delivery to sign for item. USPS Tracking # or Article Number(s): <u>9214 8901</u>
	Article Requiring Payment <input type="checkbox"/> Postage Due <input type="checkbox"/> COD <input type="checkbox"/> Customs    \$ <input type="checkbox"/> Final Notice: Article will be returned to sender on		Notice Left Section Customer Name and Address: <u>John B. Culverhouse</u> <u>11635 Thumbprint Dr</u> Delivered By and Date:
PS Form 3849, July 2013		<a href="http://usps.com">usps.com</a> Delivery Notice/Reminder/Receipt	

United States Postal Service® <b>Sorry We Missed You We <sup>RE</sup> Deliver for You</b>		Today's Date: <u>10/13</u>	Sender's Name: <u>Construction Notice</u>
Item is at: <input checked="" type="checkbox"/> Post Office* (See back)	Available for Pick-up After: Date: <u>10/14</u> Time: <u>9:00</u>	For Redelivery Go to <a href="http://usps.com/redelivery">usps.com/redelivery</a> or see reverse	
<input checked="" type="checkbox"/> Letter <input type="checkbox"/> Large envelope, magazine, catalog, etc. <input type="checkbox"/> Parcel <input type="checkbox"/> Perishable item <input type="checkbox"/> Other:	For Delivery: (Enter total number of items delivered by service type.) For Notice Left: (Check applicable item) <input type="checkbox"/> Priority Mail <input type="checkbox"/> Express™ <input checked="" type="checkbox"/> Certified Mail™ (Must claim within 15 days or article will be returned) <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Insured Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Adult Signature <input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> If checked, you or your agent must be present at time of delivery to sign for item. USPS Tracking # or Article Number(s): <u>7015 3010</u>
	Article Requiring Payment <input type="checkbox"/> Postage Due <input type="checkbox"/> COD <input type="checkbox"/> Customs    \$ <input type="checkbox"/> Final Notice: Article will be returned to sender on		Notice Left Section Customer Name and Address: <u>John B. Culverhouse</u> <u>11635 Thumbprint Dr</u> Delivered By and Date:
PS Form 3849, July 2013		<a href="http://usps.com">usps.com</a> Delivery Notice/Reminder/Receipt	



Platinum Card®

BRAD CULVERHOUSE  
Closing Date 10/26/16 Next Closing Date 11/25/16

103125-1787

p.1/17

Account Ending 8-27007

**New Balance**

**Please Pay By**

**11/10/16\***

When you receive your bill, we request you pay by the Please Pay By date. If you do not pay your bill, your account is not covered by the card's Closing Date.

**Membership Rewards® Points**

202,721  
Points are earned on all purchases made with your card.  
See [americanexpress.com](http://americanexpress.com)

**Account Summary**

Previous Balance  
Payments  
New Charges  
New Balance

**New Balance**

Payment Due Date

**Customer Care**

**Pay by Computer**  
[americanexpress.com/pbc](http://americanexpress.com/pbc)

Customer Care Pay by Phone  
1-800-285-3151

See page 2 for additional information

- See page 2 for important information about your account.
- See page 9 for an important change to Your Account Terms.
- See page 11 for Important Changes to Your Account Terms.
- See page 13 for important information About Your Reward Program.
- See page 14 for a Notice Of Change To The Membership Rewards Program Terms & Conditions.
- Your membership will be renewed next month. Please refer to the Renewal Notice on Page 8.

↓ Please fold on the perforation below, detach and return with your payment ↓



**Payment Coupon**  
Do not staple or use paper clips.



**Pay by Computer**  
[americanexpress.com/pbc](http://americanexpress.com/pbc)



**Pay by Phone**  
1-800-472-9297

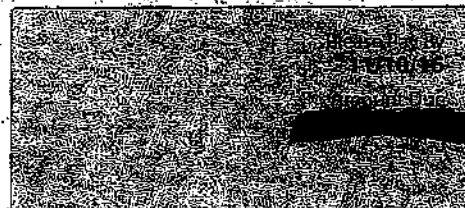
**Account Ending 8-27007**

Enter 15-digit account # on all payments.  
Make check payable to American Express.

AB 02 007200 36898 B 57 A



BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570



Check here if your address or phone number has changed. Note changes on reverse side.



AMERICAN EXPRESS  
P.O. BOX 650448  
DALLAS TX 75265-0448

0000349991250310562 000818939000818939 22 H

007200 1/9

18501981 30116

003952

0800

5833



Platinum Card®

BRAD CULVERHOUSE

Closing Date 12/26/16 Next Closing Date 01/26/17

172-2424

p. 17

Account Ending 8-27007

**New Balance** [REDACTED]

**Payment Due Date** **01/20/17\***

\*Payment Due Date is based on the date of the last payment received. Payment due dates may vary based on your payment history.

**Membership Rewards Points**

Points available: 216,293

Points expire: 12/31/17

**Account Summary**

**New Balance** [REDACTED]

Pay by Bill Payment [REDACTED]

**Customer Care**

**Pay by Computer**  
americanexpress.com/pbc

Customer Care: 1-800-235-3000

See page 2 for Important Information about your account.

As a reminder, we are changing when we assess late payment fees effective January 1, 2017. We first notified you of this change in a notice included in your billing statement in October 2016. This notice is to remind you that if we do not receive the required payment by the Payment Due Date shown at the top of your billing statement, then we will charge a late fee. Previously, you had to make the payment by the Next Closing Date to avoid the late fee.

As a reminder, as of 11/26/2016, our records indicate that your account is enrolled in one or more optional product(s) which may generate a charge to your account. Please see Page 6 for more details.

Please fold on the perforation below, detach and return with your payment.

**Payment Coupon**  
Do not staple or use paperclips.

**Pay by Computer**  
americanexpress.com/pbc

**Pay by Phone**  
1-800-472-9297

Account Ending 8-27007

Enter 15-digit account # on all payments.  
Make check payable to American Express.

AB 01 008676 94807 B 50 A

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

[REDACTED]

Check here if your address or phone number has changed. Note changes on reverse side.

AMERICAN EXPRESS  
P.O. BOX 650448  
DALLAS TX 75265-0448

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008676 1A

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Platinum Card®

BRAD CULVERHOUSE

Closing Date 12/26/16 Next Closing Date 01/26/17

123456789

p. 1/7

Account Ending 8-27007

**New Balance** [REDACTED]

**Payment Due Date** 01/20/17\*

\*Payment Due Date is based on the Payment Due Date shown on your billing statement. Payment due dates may vary based on your payment history.

**Memberships** [REDACTED]

**Platinum** [REDACTED]

**210-292**

For more information on your account, please visit [americanexpress.com](http://americanexpress.com).

**Account Summary**

[REDACTED]

**New Balance** [REDACTED]

**Next Billing Period** [REDACTED]

**Customer Care**

**Pay by Computer**  
[americanexpress.com/pbc](http://americanexpress.com/pbc)

**Customer Care** **Pay by Phone**

1-800-472-9297

See page 2 for important information about your account.

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Do not staple or use paper clips.

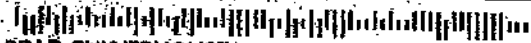
**Pay by Computer**  
[americanexpress.com/pbc](http://americanexpress.com/pbc)

**Pay by Phone**  
1-800-472-9297

Account Ending 8-27007

Enter 15 digit account # on all payments.  
Make check payable to American Express.

AS 01 009676 04807 B 80 A



BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

**AMERICAN EXPRESS**

**P.O. BOX 650448**

**DALLAS TX 75265-0448**

[REDACTED]

Check here if your address or phone number has changed. Note changes on reverse side.

**AMERICAN EXPRESS**  
P.O. BOX 650448  
DALLAS TX 75265-0448

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009676 1/A

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0000349991250310562

0000349991250310562



**FORT PIERCE UTILITIES AUTHORITY**

**PO BOX 3191**  
**FORT PIERCE FL 34948-3191**  
**WWW.FPUA.COM**

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Service Address: 1635 THUMB POINT DR		Statement Date: 10/28/2016				
Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
[REDACTED]	\$45.54	\$0.00	\$45.54	\$26.98	11/17/2016	\$72.52

Current Read 5 10/25/16  
 Previous Read 4 09/29/16  
 K Gals Used 1

CUSTOMER CHARGE		\$	13.88
WATER USAGE	1 K GALS @ 10.65000	\$	10.65
CITY UTILITY TAX WATER		\$	2.45
	W69013309	\$	26.98
<b>TOTAL WATER SERVICE:</b>		\$	<b>26.98</b>

Sep16	0 May16	3 Jan16	0
Aug16	0 Apr16	0 Dec15	0
Jul16	1 Mar16	0 Nov15	0
Jun16	0 Feb16	0 Oct15	0

**TOTAL BILLING: \$ 26.98**



**FORT PIERCE UTILITIES AUTHORITY**

Mail To: P.O. Box 13929, Fort Pierce, FL 34979-3929

[WWW.FPUA.COM](http://WWW.FPUA.COM)

For questions about your bill, please call (772) 466-1600.

Account Number	Service Address	Previous Balance	New Charges	Total Due
[REDACTED]	1635 THUMB POINT DR	\$45.54	\$26.98	\$72.52

Phone Number:

Email Address:

We are requesting that you provide us with a phone number and email address for notifications.



BRAD CULVERHOUSE  
ATTORNEY AT LAW CHARTERED  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

AMOUNT PAID

[Empty box for amount paid]



**FORT PIERCE UTILITIES AUTHORITY**

PO BOX 3191

FORT PIERCE FL 34948-3191

WWW.FPUA.COM

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Service Address: 1635 THUMB POINT DR, TEMP				Statement Date: 10/28/2016		
Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
[REDACTED]	\$7.04	(\$7.04)	\$0.00	\$7.04	11/17/2016	\$7.04

Current Read	10	10/25/16	
Previous Read	10	09/23/16	
kWh Used	0		
Sep16	0 May16	2 Jan16	0
Aug16	0 Apr16	0 Dec15	0
Jul16	8 Mar16	0 Nov15	0
Jun16	0 Feb16	0 Oct15	0

CUSTOMER CHARGE	\$	5.84
ELEC GROSS RECEIPTS COM	\$	0.15
ELEC SALES TAX	\$	0.42
SCHOOL SALES TAX	\$	0.03
CITY UTILITY TAX ELECTRIC	\$	0.60
	E71521	\$ 7.04
<b>TOTAL ELECTRIC SERVICE:</b>		<b>\$ 7.04</b>

**TOTAL BILLING: \$ 7.04**

Total due will be electronically transferred on or about 11/17/2016.

CUSTOMER - RETAIN TOP PORTION FOR YOUR RECORDS



**FORT PIERCE UTILITIES AUTHORITY**

Mail To: P. O. Box 13929, Fort Pierce, FL 34979-3929

WWW.FPUA.COM

For questions about your bill, please call (772) 466-1600.

Account Number	Service Address	Previous Balance	New Charges	Total Due
[REDACTED]	1635 THUMB POINT DR, TEMP	\$0.00	\$7.04	\$7.04
Phone Number:	Email Address:	We are requesting that you provide us with a phone number and email address for notifications.		



BRAD CULVERHOUSE  
ATTORNEY AT LAW CHARTERED  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

AMOUNT PAID

EZ PAY

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*Experience the best in  
global yachting and  
private jet travel.*

Contact your Travel Professional  
or TCS World Travel to reserve  
your space today.

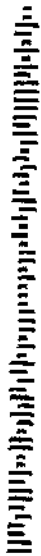
244.495.7165 // [TCSWORLDTRAVEL.COM](http://TCSWORLDTRAVEL.COM)  
[INFO@TCSWORLDTRAVEL.COM](mailto:INFO@TCSWORLDTRAVEL.COM)



3131 ELLIOTT AVENUE, SUITE 300  
SEATTLE, WASHINGTON 98121



John Culverhouse  
1635 Thumb Point Dr  
Fort Pierce FL 34949-3570



POSTAGE  
PAID  
SEATTLE, WA  
PERMIT NO 2589



BROUGHT TO YOU BY



May 5 - 24, 2017

*A vintage voyage through Mediterranean  
ports and African wilds.*

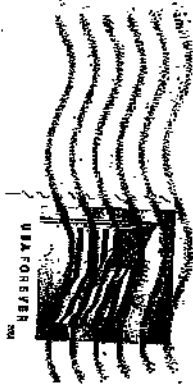
# SEA. SKY. SAFARI.

**PELICAN YACHT CLUB**  
1120 SEAWAY DRIVE  
FORT PIERCE, FLORIDA 34949

Mr & Mrs Brad Culverhouse  
1635 Thumb Point Dr.  
Ft Pierce, FL 34949

U.S. MAIL

WEST PALM BEACH FL 3344  
03 NOV 2005 PM 5.1



STATEMENT ENCLOSED

34949-357035

03 NOV 2005 PM 5.1



B6-YM07-01-7  
 P.O. Box 1820  
 Dayton, Ohio 45401-1820

# Mortgage Statement

Statement Date 11/02/2016

pnc.com/homehq

6-749-40647-0001056-001-1-001-100-000-000

Customer Service: 1-800-822-5626



JOHN B CULVERHOUSE  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

Account Number [REDACTED]  
 Payment Due Date 01/01/2017  
 Amount Due \$2,319.26

*If payment is received after 01/16/2017, \$115.96 late fee will be charged.*

### Account Information

Outstanding Principal \$406,419.70  
 Interest Rate (Until 01/01/2017) 5.2500%

### Explanation of Amount Due

Principal \$541.17  
 Interest \$1,778.09  
 Regular Monthly Payment \$2,319.26  
 Total Amount Due \$2,319.26

4-0515F

### Transaction Activity (09/30/2016 to 11/02/2016)

Payments received after 11/02/2016 are not reflected on this statement.

Date Received	Description	Charges	Payments
11/02/2016	Payment		\$2,319.26
11/02/2016	Payment to Principal		\$270.00

### Past Payments Breakdown

	Paid Since Last Statement	Paid Year to Date
Principal	\$807.64	\$13,580.30
Interest	\$1,781.62	\$26,807.81
Escrow (Taxes and Insurance)	\$0.00	\$0.00
Fees	\$0.00	\$0.00
Unapplied Funds*	\$0.00	\$0.00
<b>Total</b>	<b>\$2,589.26</b>	<b>\$40,388.11</b>

\*Partial Payments: Any partial payments that you make are not applied to your mortgage, but instead are held in a separate Unapplied Funds Account. If you pay the balance of a partial payment, the funds may be applied to your mortgage loan or the funds may be returned to you depending on the status of your loan.

you have an eye infection, eye injury, or will be having eye surgery. Do not give to a child younger than 16 years of age. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382 12T

**JOHN CULVERHOUSE SR**  
1626 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)718-4728

**RX # 1897664-04391**

DATE: 11/15/16

LUMIGAN 0.01% OPHTH SOLN 2.5ML  
QTY: 7.5 2 REFILLS BEFORE 06/22/17  
Refill NDC: 00023-3205-03  
Retail Price: \$563.89 Your Insurance Saved You: \$362.33

\$ 201.56

L. HADDOCK, MD  
MFG: ALLERGAN  
ABPI / IMIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 183205106689063999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**  
1626 Thumb Point Dr, Fort Pierce, FL 349493570  
(888)718-4728

**RX # 1897664-04391**

DATE: 11/15/16

LUMIGAN 0.01% OPHTH SOLN 2.5ML  
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\$ 201.56

L. HADDOCK, MD  
MFG: ALLERGAN  
ABPI / IMIC

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 183205106689063999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

**WAITING**  
TUE 5:25PM  
Refill

LUMIGAN 0.01% OPHTH SOLN 2.5ML  
00023-3205-03  
UNIT OF USE

QTY 7.5

LIQUID

ABPI / IMIC

Fort Pierce Utilities Authority  
206 S. 6th Street  
P.O. Box 3191  
Fort Pierce, Florida 34948-3191  
(772) 466-1600, ext. 3900



BRAD CULVERHOUSE  
ATTORNEY AT LAW CHARTERED  
1635 THUMBPOINT DR  
FORT PIERCE FL 34949

# CUT-OFF NOTICE

Our records indicate that your utility bill is past due.

It is our policy to disconnect utility services once a bill has not been paid within 30 days of the billing date.

## TO AVOID DISCONNECTION OF UTILITY SERVICE(S) AND/OR ADDITIONAL FEES

We must receive and post payment no later than **Mon, November 28, 2016 (Cut Date)**  
in the amount of \$72.52 for Account # **[REDACTED]**  
located at **1635 THUMB POINT DR.**

We must receive payment at:  
Fort Pierce Utilities Authority  
206 S. 6th St.  
P.O. Box 3191  
Fort Pierce, FL 34948-3191

Lobby/Drive-Up Hours  
Monday - Friday

8:00 a.m. - 5:00 p.m.

Website: [www.fpu.com](http://www.fpu.com)

If you have already made payment, please verify we have received it by  
visiting <http://www.fpu.com>, or call our office at (772) 466-1600

WIC# 216882 12T

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. A fast heartbeat. A heartbeat that does not feel normal. Change in hearing. Hearing loss. Chest pain or pressure. Ringing in ears. Seizures. Very bad dizziness or passing out. Trouble swallowing or speaking. Fever. Swollen gland. Vaginal itching or discharge. It is common to have diarrhea when taking this

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
4561716-4726

RX # 1920792-04391 DATE: 11/21/16

AZITHROMYCIN 250MG TABLETS 6-PAK  
QTY: 6 3 REFILLS BEFORE 11/21/17  
New-E NDC: 50111-0787-51  
Retail Price: \$35.99 Your Insurance Saved You: \$34.02

\$ 1.97

A. GRAFF, MD MFG: TEVA XXX/MIC/MIC/MIC PLAN: AARPMPD GROUP# PDPIND CLAIM REF# 163263442477070999

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981 PH: (772) 595-3077

Customer Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
4561716-4726

RX # 1920792-04391 DATE: 11/21/18

AZITHROMYCIN 250MG TABLETS 6-PAK  
QTY: 6 3 REFILLS BEFORE 11/21/17  
New-E NDC: 50111-0787-51  
Retail Price: \$35.99 Your Insurance Saved You: \$34.02

\$ 1.97

A. GRAFF, MD MFG: TEVA XXX/MIC/MIC/MIC PLAN: AARPMPD GROUP# PDPIND CLAIM REF# 163263442477070999

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981 PH: (772) 595-3077

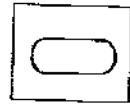
Duplicate Receipt

Pharmacy use only

MON 2:03PM  
New-E

AZITHROMYCIN 250MG TABLETS 6-PAK  
50111-0787-51  
UNIT OF USE

QTY 6  
10 DRAM



WHITE  
FRONT: PLIVA  
BACK: 787

XXX/MIC/MIC/MIC

Avoid putting this drug in the diaper area. Do not use this drug on the face or underarms. If you are 65 or older, use this drug with care. You could have more side effects. This drug may affect growth in children and teens in some cases. They may need regular growth checks. Talk with the doctor. Do not give to a child younger than 17 years of age. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216882 12T

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
4561716-4726

RX # 1920791-04391 DATE: 11/21/16

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM  
QTY: 45 2 REFILLS BEFORE 11/21/17  
New-E NDC: 68462-0298-55  
Retail Price: \$70.99 Your Insurance Saved You: \$57.66

\$ 13.33

A. GRAFF, MD MFG: GLENMARK XXX/MIC/MIC/MIC PLAN: AARPMPD GROUP# PDPIND CLAIM REF# 163263437034051999

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981 PH: (772) 595-3077

Customer Receipt

JOHN CULVERHOUSE SR  
1635 Thumb Point Dr, Fort Pierce, FL 349493570  
4561716-4726

RX # 1920791-04391 DATE: 11/21/16

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM  
QTY: 45 2 REFILLS BEFORE 11/21/17  
New-E NDC: 68462-0298-55  
Retail Price: \$70.99 Your Insurance Saved You: \$57.66

\$ 13.33

A. GRAFF, MD MFG: GLENMARK XXX/MIC/MIC/MIC PLAN: AARPMPD GROUP# PDPIND CLAIM REF# 163263437034051999

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981 PH: (772) 595-3077

Duplicate Receipt

Pharmacy use only

MON 2:02PM  
New-E

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM QTY 45  
68462-0298-55  
UNIT OF USE

XXX/MIC/MIC/MIC

INSTRUMENTS AND SUPPLIES



**FORT PIERCE UTILITIES AUTHORITY**

**PO BOX 3191**  
**FORT PIERCE FL 34948-3191**  
**WWW.FPUA.COM**

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at WWW.FPUA.COM. For questions about your bill, please call FPUA at (772) 466-1600. (CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Wire Address: 1635 THUMB POINT DR, TEMP

Statement Date: 11/30/2016

Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
	\$7.04	(\$7.04)	\$0.00	\$7.04	12/20/2016	\$7.04

Current Read	10	11/22/16
Previous Read	10	10/25/16
kWh Used	0	

Oct16	0 Jun16	0 Feb16	0
Sep16	0 May16	2 Jan16	0
Aug16	0 Apr16	0 Dec15	0
Jul16	8 Mar16	0 Nov15	0

CUSTOMER CHARGE	\$	5.84
ELEC GROSS RECEIPTS COM	\$	0.15
ELEC SALES TAX	\$	0.42
SCHOOL SALES TAX	\$	0.03
CITY UTILITY TAX ELECTRIC	\$	0.60
	E71521	\$ 7.04
<b>TOTAL ELECTRIC SERVICE:</b>	\$	<b>7.04</b>

**TOTAL BILLING: \$ 7.04**

Total due will be electronically transferred on or about 12/20/2016.

CUSTOMER - RETAIN TOP PORTION FOR YOUR RECORDS



**FORT PIERCE UTILITIES AUTHORITY**

Mail To: P.O. Box 13929, Fort Pierce, FL 34979-3929

WWW.FPUA.COM

For questions about your bill, please call (772) 466-1600.

Account Number	Service Address	Previous Balance	New Charges	Total Due
	1635 THUMB POINT DR, TEMP	\$0.00	\$7.04	\$7.04

Phone Number:

Email Address:

We are requesting that you provide us with a phone number and email address for notifications.



BRAD CULVERHOUSE  
ATTORNEY AT LAW CHARTERED  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

AMOUNT PAID

EZ PAY

0001500000171504290000000000001220201600000704000000005



**FORT PIERCE UTILITIES AUTHORITY**  
**PO BOX 3191**  
**FORT PIERCE FL 34948-3191**  
**WWW.FPUA.COM**

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of the New Charges if paid after the due date. See Reverse side of the bill for more details. Copies of the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or at WWW.FPUA.COM. For questions about your bill, please call FPUA at (772) 466-1600 (CALL 811 OR 1-800-432-4770 -- 48 HOURS BEFORE DIGGING.)

Service Address: 1635 THUMB POINT DR Statement Date: 11/30/2016

Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
	\$72.52	\$0.00	\$72.52	\$30.27	12/20/2016	\$102.79

Current Read 5 11/22/16  
 Previous Read 5 10/25/16  
 K Gals Used 0

Month	Start	End	Usage
Oct16	1 Jun16	0 Feb16	0
Sep16	0 May16	3 Jan16	0
Aug16	0 Apr16	0 Dec15	0
Jul16	1 Mar16	0 Nov15	0

CUSTOMER CHARGE	\$	13.88
CITY UTILITY TAX WATER	\$	1.39
W69013309	\$	15.27
<b>TOTAL WATER SERVICE:</b>	<b>\$</b>	<b>15.27</b>

LATE PAYMENT CHARGE	\$	15.00
<b>TOTAL MISCELLANEOUS CHARGES:</b>	<b>\$</b>	<b>15.00</b>
<b>TOTAL BILLING:</b>	<b>\$</b>	<b>30.27</b>

Pierce Utilities Authority  
 1. 6th St.  
 Box 3191  
 Fort Pierce, FL 34948-3191  
 Website: www.fpu.com

PRESORTED  
FIRST CLASS



U.S. POSTAGE PITNEY BOW  
 ZIP 34950 \$ 000.37  
 02 1W  
 0001401510 NOV. 30. 201

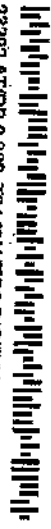


BRAD CULVERHOUSE  
 ATTORNEY AT LAW CHARTERED  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570



*China, Crystal & Silver • Old & New*  
1089 Knox Road, PO Box 26029, Greensboro, NC 27420  
1-800-REPLACE • FAX 1-336-697-3100 • TDD 1-800-270-3708  
SATISFACTION IS GUARANTEED. SEE DETAILS ON LAST PAGE.

ELECTRONIC SERVICE REQUESTED



23292 ATDB 0.299 T24 \*\*\*AUTO3-DIGIT 334 PL1 N820  
#0000198691821# KX

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE, FL 34949-3570



1089 Knox Road | PO Box 26029 | Greensboro, NC 27420  
replacements.com

**800-REPLACE**  
**(800) 737-5223**

G-09:R08:085957  
Quote Date: 12/04/2016  
Page #: 1

**CUSTOMER**  
[Redacted]  
**NUMBER**

PRESORTED STANDARD  
U.S. POSTAGE PAID  
REPLACEMENTS, LTD.

**Want pattern info faster?**  
**Switch to EMAIL delivery!**  
**Inquire Today!**

12 CU



AARPMPD \*1922273 0101 3 0000188 8\*

ED 10:00AM  
\$1.88  
EXPRESS PAY



12/06/16  
Copy

Mail box full  
12/10  
12/12

JOHN CULVERHOUSE SR

1635 Thumb Point Dr  
Fort Pierce, FL 349493570  
(861)716-4726

• Auto Refill - New Created from STORED Rx.  
• Your Insurance Saved You: \$154.01

# Walgreens

Well trusted since 1901.™

LOOK INSIDE FOR IMPORTANT DETAILS  
ABOUT YOUR MEDICATION.

Learn more about ways to manage your health and  
your prescriptions at [Walgreens.com/pharmacy](http://Walgreens.com/pharmacy).

WIC# 216362 12T

While being active, Drink lots of fluids to stop fluid loss. If you have been taking this drug for a long time or at high doses, it may not work as well and you may need higher doses to get the same effect. This is known as tolerance. Call your doctor if this drug stops working well. Do not take more than ordered. If you are 65 or older, use this drug with care. You could have more side effects. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

**POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?**  
**WARNING/CAUTION:** Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

JOHN CULVERHOUSE SR

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
8617164726

RX # 1897409-04391

DATE: 12/15/16

**METFORMIN 500MG TABLETS**

QTY: 90 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 00378-7185-05

Retail Price: \$31.49 Your Insurance Saved You: \$29.44

\$ 2.05

PBR: A. RASHID  
MFG: MYLAN  
YYY/ / ICNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 163500416435031999

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer Receipt

JOHN CULVERHOUSE SR

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
8617164726

RX # 1897409-04391

DATE: 12/15/16

**METFORMIN 500MG TABLETS**

QTY: 90 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 00378-7185-05

Retail Price: \$31.49 Your Insurance Saved You: \$29.44

\$ 2.05

PBR: A. RASHID  
MFG: MYLAN  
YYY/ / ICNW

PLAN: AARPMPD  
GROUP# PDPIND  
CLAIM REF# 163500416435031999

Walgreens

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SAT 1:00AM  
Refill

METFORMIN 500MG TABLETS  
00378-7185-05  
END CAP

QTY 90  
20 DRAM



WHITE  
FRONT: G  
BACK: MF 1

YYY/ / ICNW

drink alcohol. If you smoke, talk with your doctor. Do not work checked if you are on this drug for a long time. Talk with your doctor. High blood pressure has happened with drugs like this one. Have your blood pressure checked as you have been told by your doctor. Do not take more than what your doctor told you to take. Taking more than you are told may raise your chance of very bad side effects. Do not take this drug for longer than you were told by your doctor. If you have asthma, talk with your doctor. You may be more sensitive to this drug. The chance of heart failure is raised with the use of drugs like this one. In people who already have heart failure, the chance of heart attack, having to go to the hospital for heart failure, and death is raised. Talk with the doctor. The chance of heart attack and heart-related death is raised in people taking drugs like this one after a recent heart attack. People taking drugs like this one after a first heart attack were also more likely to die

do not get better or it may become worse, tell your doctor. Do not share your drugs with others and do not take anyone else's drugs. Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor. Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins. This drug comes with an extra patient fact sheet called a Medication Guide. Read it with care. Read it again each time this drug is refilled. If you have any questions about this drug, please talk with the doctor, pharmacist, or other health care provider.

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382 12T

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr., Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1897408-04391

DATE: 12/15/16

**INDOMETHACIN 25MG CAPSULES**

QTY: 270 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 31722-0542-01

Retail Price: \$94.29 Your Insurance Saved You: \$61.34

\$ 42.95

PBR: A. RASHID  
 MFG: CAMBER  
 YYY/ / ICNW

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 163500415583102999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34931  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr., Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1897408-04391

DATE: 12/15/16

**INDOMETHACIN 25MG CAPSULES**

QTY: 270 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 31722-0542-01

Retail Price: \$94.29 Your Insurance Saved You: \$61.34

\$ 42.95

PBR: A. RASHID  
 MFG: CAMBER  
 YYY/ / ICNW

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 163500415583102999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34931  
 PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

SAT 1:00AM

Refill

INDOMETHACIN 25MG CAPSULES

31722-0542-01

ALPHA

QTY 270



LIGHT GREEN

FRONT: H

BACK: 103

YYY/ / ICNW

Med Guide

fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Change in eyesight, eye pain, or very bad eye irritation. Very bad and rarely deadly effects have happened with sulfa (sulfonamide) drugs like this one. These effects have included liver problems, blood problems, and very bad skin reactions (Stevens-Johnson syndrome/toxic epidermal necrolysis). Call your doctor right away if you have a rash; red, swollen, blistered, or peeling skin; red or irritated eyes; sores in your mouth, throat, nose, or eyes; fever, chills, or sore throat; cough that is new or worse; feeling very tired or weak; any bruising or bleeding; or signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. **WHAT ARE SOME OTHER SIDE EFFECTS OF THIS**

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382 12T

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr., Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1898847-04391

DATE: 12/15/16

**SIMBRINZA 1-0.2% SUSPENSION 8ML**

QTY: 24 3 REFILLS BEFORE 06/22/17

Refill NDC: 00065-4147-27

Retail Price: \$491.89 Your Insurance Saved You: \$316.36

\$ 175.53

L. HADDOCK, MD  
 MFG: ALCON  
 CNW/ / ICNW

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 163503469441024999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34931  
 PH: (772)595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr., Fort Pierce, FL 349493570  
 (888)716-4726

RX # 1898847-04391

DATE: 12/15/16

**SIMBRINZA 1-0.2% SUSPENSION 8ML**

QTY: 24 3 REFILLS BEFORE 06/22/17

Refill NDC: 00065-4147-27

Retail Price: \$491.89 Your Insurance Saved You: \$316.36

\$ 175.53

L. HADDOCK, MD  
 MFG: ALCON  
 CNW/ / ICNW

PLAN: AARPMPD  
 GROUP# PDPIND  
 CLAIM REF# 163503469441024999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34931  
 PH: (772)595-3077

Duplicate Receipt

Pharmacy use only

FRI 10:00AM

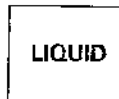
Refill

SIMBRINZA 1-0.2% SUSPENSION 8ML

00065-4147-27

UNIT OF USE

QTY 24



LIQUID

CNW/ / ICNW

Avoid putting this drug in the diaper area. Do not use this drug on the face or underarms. If you are 65 or older, use this drug with care. You could have more side effects. This drug may affect growth in children and teens in some cases. They may need regular growth checks. Talk with the doctor. Do not give to a child younger than 17 years of age. Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**

1835 Thumb Point Dr, Fort Pierce, FL 349493570  
8881718-4728

RX # -1920791-04391 DATE: 12/23/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 1 REFILL BEFORE 11/21/17  
Refill NDC: 68462-0298-55  
Retail Price: \$70.99 Your Insurance Saved You: \$57.68

\$ 13.33

A. GRAEF, MD PLAN: AARPMPD  
MFG: GLENMARK GROUP# PDPIND  
AAC/ / KLT CLAIM REF# 163585056751084999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772) 595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1835 Thumb Point Dr, Fort Pierce, FL 349493570  
8881718-4728

RX # -1920791-04391 DATE: 12/23/16

**CLOTRIMAZOLE-BETAMETHASONE CRM 45GM**

QTY: 45 1 REFILL BEFORE 11/21/17  
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\$ 13.33

A. GRAEF, MD PLAN: AARPMPD  
MFG: GLENMARK GROUP# PDPIND  
AAC/ / KLT CLAIM REF# 163585056751084999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772) 595-3077

Duplicate Receipt

Pharmacy use only

**WAITING**

FRI 5:17PM

Refill

CLOTRIMAZOLE-BETAMETHASONE CRM 45GM QTY 45

68462-0298-55

UNIT OF USE

AAC/ / KLT

pharmacists, and dentists. Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you. To lower the chance of feeling dizzy or passing out, rise slowly over a few minutes when sitting or lying down. Be careful climbing stairs. Follow the diet and workout plan that your doctor told you about. Have your blood work checked. Talk with your doctor. Check blood pressure and heart rate as the doctor has told you. Talk with the doctor. Talk with your doctor before you drink alcohol. This drug may hide the signs of low blood sugar. Talk with

you have any questions about this drug, please call your doctor, nurse, pharmacist, or other health care provider.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

**JOHN CULVERHOUSE SR**

1835 Thumb Point Dr, Fort Pierce, FL 349493570  
8881718-4728

RX # -1911043-04391 DATE: 12/22/16

**ATENOLOL 25MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17  
Refill NDC: 00378-0218-10  
Retail Price: \$25.99 Your Insurance Saved You: \$24.21

\$ 1.78

A. RASHID, MD PLAN: AARPMPD  
MFG: MYLAN GROUP# PDPIND  
YYY/ / MIC CLAIM REF# 163570415508036999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772) 595-3077

Customer Receipt

**JOHN CULVERHOUSE SR**

1835 Thumb Point Dr, Fort Pierce, FL 349493570  
8881718-4728

RX # -1911043-04391 DATE: 12/22/16

**ATENOLOL 25MG TABLETS**

QTY: 90 2 REFILLS BEFORE 03/18/17  
Refill NDC: 00378-0218-10  
Retail Price: \$25.99 Your Insurance Saved You: \$24.21

\$ 1.78

A. RASHID, MD PLAN: AARPMPD  
MFG: MYLAN GROUP# PDPIND  
YYY/ / MIC CLAIM REF# 163570415508036999

**Walgreens** 2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772) 595-3077

Duplicate Receipt

Pharmacy use only

SAT 1:00AM

Refill

ATENOLOL 25MG TABLETS

00378-0218-10

END CAP

QTY 90  
10 DRAM



WHITE  
FRONT: M  
BACK: A2

YYY/ / MIC

WIC# 216362 121



**Platinum Card®**

**BRAD CULVERHOUSE**  
Closing Date 11/25/16 Next Closing Date 12/26/16

Account Ending 8-27007  
p. 1/15

Account Ending 8-27007

**New Balance**

**Please Pay By**

**12/10/16\***

Payment is due upon receipt. We suggest you pay by the Please Pay By date. You may have to pay a late fee if your payment is not received by the Next Closing Date.

**Membership Rewards® Points**

Available and Pending as of 10/31/16

**210,909**

For up to date point balance and full program details, visit [membersherewards.com](http://membersherewards.com)

**Account Summary**

Previous Balance  
Payments/Credits  
New Charges  
Fees

**New Balance**

Days in Billing Period: 30

**Customer Care**

**Pay by Computer**  
[americanexpress.com/pbc](http://americanexpress.com/pbc)

**Customer Care** 1-800-525-3355 **Pay by Phone** 1-800-472-9297

See Page 2 for additional information

See page 2 for important information about your account.

We are writing to let you know that effective January 1, 2017 your 2016 Year-End Summary will be available for viewing and downloading online rather than being automatically mailed to you.

We invite you to log into your American Express online account at [americanexpress.com/yes](http://americanexpress.com/yes) to view an interactive overview of your spending in pie or bar charts. Your charges will also be organized by categories like travel and restaurants. You will continue to have the ability to download your information to print or save for a later date in PDF or Excel.

See page 7 for important information about your Reward Program.

See page 9 for important changes to your Account Terms.

See Page 11 for an important Privacy Notice and the following pages for important notices about Your Billing Rights, Electronic Fund Transfer Error Resolution and a notice for WA residents.

Your Platinum Card® Membership includes an annual subscription to Departures magazine (a value of \$10). If you do not wish to receive the magazine, please call us at the number on the back of your Card. No credits are offered to Members who elect not to receive the magazine.

↓ Please fold on the perforation below, detach and return with your payment ↓

**Payment Coupon**  
Do not staple or use paper clips

**Pay by Computer**  
[americanexpress.com/pbc](http://americanexpress.com/pbc)

**Pay by Phone**  
1-800-472-9297

Account Ending 8-27007

Enter 15 digit account # on all payments.  
Make check payable to American Express.

AB 02 009208 65956 B 62 A

**BRAD CULVERHOUSE**  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Please Pay By  
**12/10/16**  
Amount Due

**AMERICAN EXPRESS**  
P.O. BOX 650448  
DALLAS TX 75265-0448

Check here if your address or phone number has changed. Note changes on reverse side.

0000349991250310562 000583353000583353 22 H



PNC Bank  
PO Box 1820  
Dayton OH 45401-1820

**Customer Service Contact Information**  
PNC Bank, BS-YM07-01-7  
P.O. Box 1820  
Dayton, Ohio 45401-1820  
1-800-822-5626



3-749-42850-0000135-001-1-000-000-000-000



JOHN B CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Loan Number: [REDACTED]  
Date: December 19, 2016  
Page 1 of 1

**Here's what happened:**



We recently received a payment for your mortgage loan. Your loan is an Adjustable Rate Mortgage (ARM), which means that your interest rate can change, resulting in a change in your monthly payment. Your loan is paid in advance and is due for February, 2017. The scheduled adjustment has not yet been made and all payments that can be paid before this scheduled adjustment have already been applied to your loan.

The funds that you sent to us have been applied directly toward your principal balance on your loan.

**Here's what you need to do:**

The scheduled adjustment date for your loan is February, 2017. After this date, you will receive a notice regarding your new interest rate and payment amount. At that time, you may continue to make your payments in advance.

**How to contact us:**

-  Call Customer Service at 1-800-822-5626, Monday - Thursday, 8:00 a.m. - 9:00 p.m. and Friday, 8:00 a.m. - 5:00 p.m. ET.
-  Visit [pnc.com/homehq](http://pnc.com/homehq) and click on *Customer Service & Support* to access account information, make payments and more - 24/7.

To request information or notify us of an error regarding your account, please send a written request/notice to:  
PNC Bank, PO Box 8807; Dayton, OH 45401-8807

benefits and risks of using this drug while you are pregnant. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

**POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?**  
**WARNING/CAUTION:** Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect: signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 216382 12T

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
1661716-4726

**RX # 1925868-04391**

DATE: 12/23/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/19/17

Copy NDC: 59746-0284-90

Retail Price: \$288.88 Your Insurance Saved You: \$290.48

\$ 6.41

A. RASHID, MD

PLAN: AARPMD

MFG: CADISTA  
ARL/MIC/MIC/KLT

GROUP: PDPIND

CLAIM REF# 163585074958104999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Customer  
Receipt

**JOHN CULVERHOUSE SR**

1635 Thumb Point Dr, Fort Pierce, FL 349493570  
1661716-4726

**RX # 1925868-04391**

DATE: 12/23/16

**PANTOPRAZOLE 40MG TABLETS**

QTY: 90 3 REFILLS BEFORE 09/19/17

Copy NDC: 59746-0284-90

Retail Price: \$296.89 Your Insurance Saved You: \$290.48

\$ 6.41

A. RASHID, MD

PLAN: AARPMD

MFG: CADISTA  
ARL/MIC/MIC/KLT

GROUP: PDPIND

CLAIM REF# 163585074958104999

*Walgreens*

2501 VIRGINIA AVE FT PIERCE, FL 34981  
PH: (772)595-3077

Duplicate  
Receipt

Pharmacy use only

**WAITING**

FRI 5:20PM

Copy

PANTOPRAZOLE 40MG TABLETS

59746-0284-90

FAST RACK

QTY 90

10 DRAM



LIGHT PINK

FRONT: C284

ARL/MIC/MIC/KLT

Med Guide



**FORT PIERCE UTILITIES AUTHORITY**

**PO BOX 3191**

**FORT PIERCE FL 34948-3191**

**WWW.FPUA.COM**

Penalty charges, late fees, or reconnect charges may apply to any unpaid portion of t  
New Charges if paid after the due date. See Reverse side of the bill for more details. Copies  
the Customer Service Policies and Service Charges may be obtained in FPUA's lobby or  
WWW.FPUA.COM. For questions about your bill, please call FPUA at (772)466-166  
(CALL 811 OR 1-800-432-4770 - 48 HOURS BEFORE DIGGING.)

Service Address: 1635 THUMB POINT DR, FORT PIERCE, FL 34949-3570 Statement Date: 12/29/2016

Account Number	Amount of Last Bill	Payments Received	Previous Balance	New Charges	New Charges Due Date	Total Due
	\$7.04	(\$7.04)	\$0.00	\$7.04	1/18/2017	\$7.04

Current Read	10	12/20/16	
Previous Read	10	11/22/16	
kWh Used	0		
Nov16	0 Jul16	8 Mar16	0
Oct16	0 Jun16	0 Feb16	0
Sep16	0 May16	2 Jan16	0
Aug16	0 Apr16	0 Dec15	0

CUSTOMER CHARGE	\$	5
ELEC GROSS RECEIPTS COM	\$	0
ELEC SALES TAX	\$	0
SCHOOL SALES TAX	\$	0
CITY UTILITY TAX ELECTRIC	\$	0
	E71521	\$ 7
<b>TOTAL ELECTRIC SERVICE:</b>	<b>\$</b>	<b>7</b>

**TOTAL BILLING: \$ 7**

**Fort Pierce Utilities Authority**  
206 S. 6th St.  
P.O. Box 3191  
Ft. Pierce, FL 34948-3191

Website: [www.fpu.com](http://www.fpu.com)

PRESORTED  
FIRST CLASS



U.S. POSTAGE **PR**  
ZIP 34950 **\$ 01**  
02 1W  
0001401510 DEC



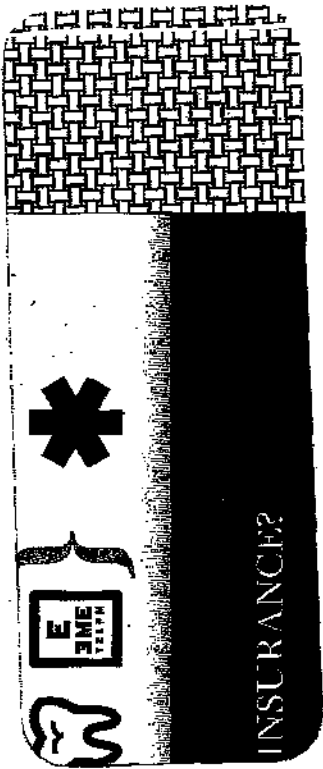
BRAD CULVERHOUSE  
ATTORNEY AT LAW/CHARTERED  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

00015000001715042900000000000011820}



9800 Fredericksburg Road  
San Antonio, Texas 78288-0001

**IMPORTANT INFORMATION FROM USAA ENCLOSED**



0000 415X4288 348843

RESORTED  
FIRST CLASS



**YOU'RE READY FOR ANYTHING  
WITH USAA MOBILE.  
»» USAA.COM/READY**

1-800-452-2525

# MAUS & HOFFMAN

800 East Las Olas Boulevard  
Fort Lauderdale, Florida 33301

Postmaster: Please deliver to current resident

PRSRV STD  
U.S. POSTAGE  
**PAID**  
MAUS & HOFFMAN

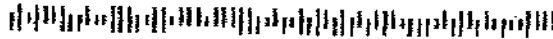
No.170MR

CUSTOMER#  
19682  
SOURCE CODE  
MR568

\*\*\*\*\*AUTO\*\*SCH 5-DIGIT 34945

9\_NV2\_107 P55 7 18258  
BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Join our e-mail list at  
[mausandhoffman.com](http://mausandhoffman.com)  
for early sale notices  
and web only specials.



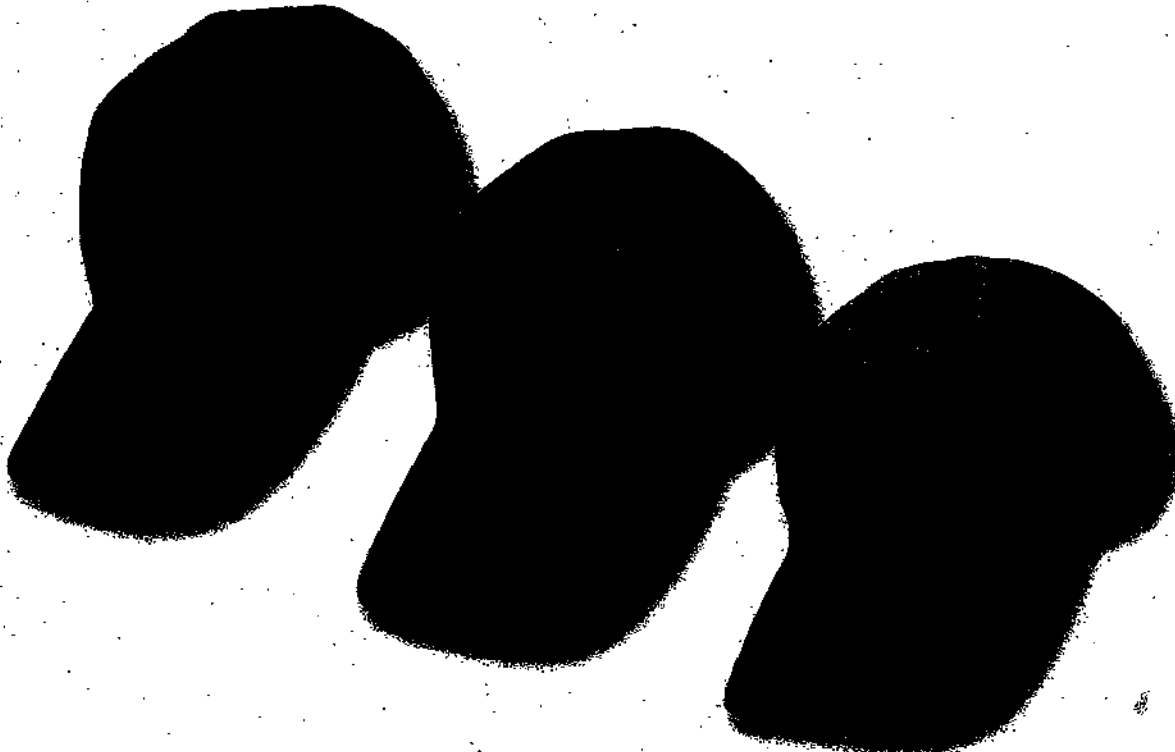
PALM BEACH FORT LAUDERDALE NAPLES VERO BEACH

#### On The Front Cover:

Our 'Invernale' Shirt of winters past, sure to enliven winters present and future. Tailored in Italy of pure cotton printed in Italy exclusively for M&H. With point collar, long sleeves, single pocket. Sizes M,L,XL,XXL  
• A7G79 \$225

#### On The Back Cover:

Our 'Grant' Wool Baseball Caps are perfect toppers for the cooler side of the calendar. Made in France of lightweight, soft 75% wool/25% poly in classic 6-piece style, with button on the top. In black, red or grey. Sizes M,L,XL • KR900 \$85.



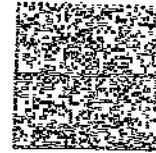
©2016 Maus & Hoffman

# MAUS & HOFFMAN

HOLIDAY 2016



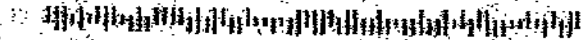
FL 334  
NOV 16  
PM 5 L



U.S. POSTAGE PITNEY BOWEN  
ZIP 34981 \$ 000.4  
02 1W  
0001388104 NOV 16 2K

Mr. John Culverhouse, Sr.  
1635 Thumbpoint Drive  
Fort Pierce, FL 34949

34949-057025



*Dear John,*

At Thanksgiving more than ever, our thoughts turn gratefully to those who have made our progress possible.

And in this spirit we say, simply but sincerely

Thank You and Best Wishes  
for a Happy Thanksgiving

*Ken*

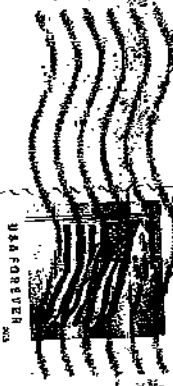
ST. LUCIE COUNTY SHERIFF'S OFFICE  
SHERIFF KEN J. MASCARA



DEPT Party of SAC  
P.O. Box 9137  
Post Office, TX 34985

WEST PALM BEACH FL 334

20 OCT 2005 PM 4 1



John B. Culverhouse, Sr.  
1635 Turnb Post Dr,  
Fort Pierce, FL 34949

34949-357035



Non-P  
U.S.I  
F  
Smith  
Form



**Planned Parenthood  
Federation of America  
Bequest Challenge**  
123 William Street, 10th Floor  
New York, NY 10038

\*\*\*\*\*AUTO\*\*SCH 3-DIGIT 334

Mr. and Mrs. Brad Culverhouse  
1635 Thumb Point Dr  
Fort Pierce, FL 34949-3570



October 2016

**Planned Parenthood  
Federation of America  
Bequest Challenge**  
123 William Street, 10th Floor  
New York, NY 10038

Dear Friend:

This month, Planned Parenthood turns 100 years old. To celebrate our centennial and to strengthen our movement for our second century, two families have offered Planned Parenthood \$10 million as a challenge:

**If you make a bequest commitment for our future, they will make an immediate gift to Planned Parenthood.**

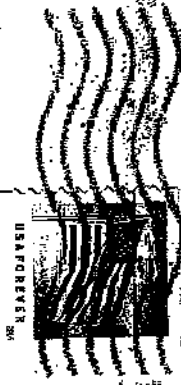
If you have ever thought about creating your estate plans and establishing your legacy – now is the time to act. Not only will you be building a firm foundation for tomorrow's generations, but you will also be helping Planned Parenthood secure the full \$10 million for much-needed current programs and services.

**The Planned Parenthood Bequest Challenge is the most sizable bequest challenge**

DEM Party of SIC  
P.O. Box 9137  
Port St Lucie, FL 34985

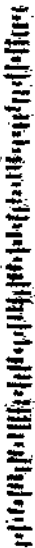
WEST PALM BEACH FL 334

28 OCT 2016 PM 4 1



John B. Culverhouse, Sr.  
1635 Taurus Point Dr,  
Fort Pierce, FL 34949

34949-257035



**Attention John B Culverhouse**  
**Complete and Return**



20201011046121110026296

RE: MORTGAGE  
Lender: **CONFIDENTIAL INFORMATION**  
John B Culverhouse  
1635 Thumb Point Dr  
Fort Pierce, FL 34949-3570

Loan Amount: **CONFIDENTIAL**  
Record Date: 04/04/2016



Dear John B Culverhouse,

Our records indicate that the family at the address listed above may not currently be protected with life and



# FEMA

PRESORTE  
FIRST-CLASS  
US POSTAGE  
BALTIMORE,  
PERMIT NO.

POLICY INFORMATION  
PO BOX 1521  
LANHAM-SEABROOK, MD 20703-9906

01-049285  
02003 015503880F

MARCH 31, 2016

Washington, D.C. 20472  
U.S. Department of Homeland Security



# FEMA



\*\*\*\*\*AUTO\*\*S-DIGIT 334  
JOHN B CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE, FL 34949-3570



1635 THUMB POINT DR  
FORT PIERCE, FL 34949-3570

**To correct any personal information on this form, please contact your insurance agent.**

### ACKNOWLEDGEMENT OF RECEIPT

An additional copy of this form has been provided for you to keep with the other documents you received.  
Return the original signed and dated form to **"NIP Policy Information Acknowledgement, PO Box 1521, Lanham-Seabrook, MD 20703-9906"** in the envelope provided.



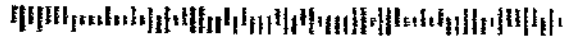
10455 Riverside Drive, Palm Beach Gardens, FL 33410

PRSR1  
U.S. PO  
PAI  
JKG GI



Get a **FREE**  
**iPad mini 4**  
with purchase of a pair of  
Level 5 or 7 Hearing Aids!

Offers cannot be combined. Excludes previous purchases. Call for details. Offer expires 5/27/16.



\*\*\*\*\*AUTO\*\*5-DIGIT 34946 T629 P1 202882

19068 - 1\_2

BRAD CULVERHOUSE

1635 THUMB POINT DR

FORT PIERCE FL 34949-3570

Call HearUSA today!  
[www.hearusa.com](http://www.hearusa.com)

**Jackson & Perkins**

COMPANY

2 Floral Avenue, Hodges, SC 29653-0001

PSRT STD  
U.S. POSTAGE  
PAID  
Jackson & Perkins

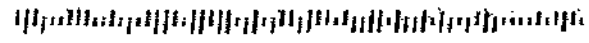
RECEIVE \$20 OFF  
on your order of \$100 or more!

To redeem this offer, find the promo code in the address  
label on the right. Mention this code when ordering by phone.  
When ordering online, enter the promo code in the promo code  
field of your shopping cart. This offer cannot be combined with other offers.  
Promo code counts applied to one order only. Some restrictions apply. Shipping  
charges are not included.

call 1-800-292-4769 or order  
online at [jacksonandperkins.com](http://jacksonandperkins.com)

\*\*\*\*\*ECLLOT 0240A\*\*C-014

PROMO CODE: 3JC863  
CUSTOMER#: K00171255      ZONE: 10      2922  
JOHN CULVERHOUSE      P186  
1635 THUMB POINT DR      200  
FORT PIERCE FL 34949-3570      713



Blush Cascade  
(see page 50)

CREATE AN  
INVITING PATIO  
with Our New Annuals

(PAGES 42-51)



# Paul Fredrick

223 West Poplar Street, Fleetwood, PA 19522-9989  
 paulfredrick.com | 800-247-1417



PRSRST STD  
 U.S. POSTAGE  
 PAID  
 Paul Fredrick

current resident or

\*\*\*\*\*ECRLOT\*\*C-014

7\_MRI\_126 P250 9 54463  
 BRAD CULVERHOUSE  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

source code

FRH347

customer number

365656



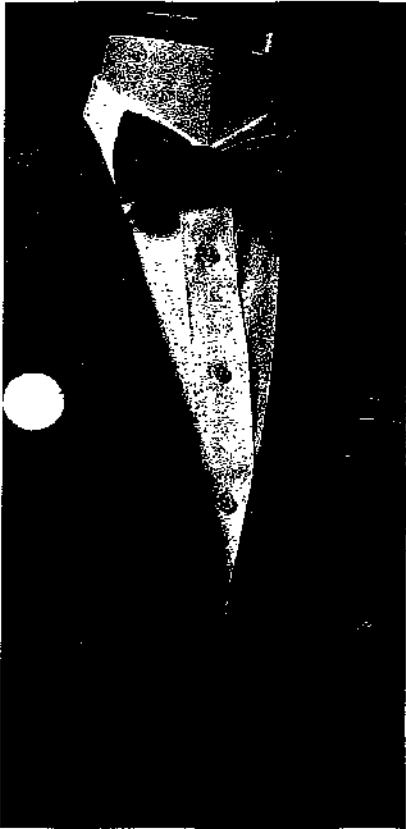
postmaster in home: 3/14 - 3/16

BUY ONE ITEM,  
 GET ANY 2ND

**FREE**

PLUS,  
 FREE SHIPPING

ONLINE. ENTER CODE FROM  
 PINK BOX ABOVE IN PROMO  
 BOX OF SHOPPING BAG.  
 NOT COMBINABLE WITH  
 OTHER OFFERS. EXCLUDES  
 CLEARANCE AND GIFT CARDS.  
 LOWEST PRICE ITEM FREE.  
 ONE FREE ITEM PER  
 CUSTOMER. ONE TIME USE  
 ONLY. EXPIRES 4/18/16.



### Pure Wool Travel Blazer

Comfortably weighted for all-season wear, the essential blazer, precision tailored of neat wrinkle & stain resistant wool. Two-button stance with back center vent. Lined interior and stretch armhole detail for a polished finish inside and out. Imported. Pearl Grey, Navy, British Tan, Black. See order form for full range of exact sizes.

#JA1511A \$259.50  
 (add \$20 B&T sizes)

### Silk Stripe Neckwear

Imported. Red, Silver or Green.

Tie #TS1508  
 \$42.50 (add \$3 LONG)

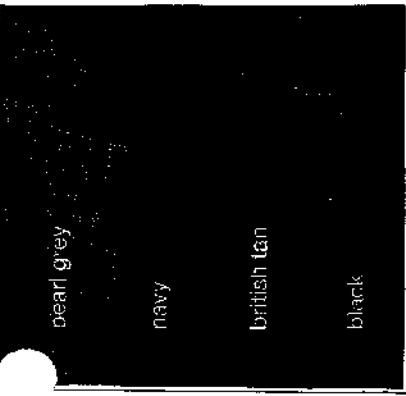
Bow Tie #BT1509 \$32.50

### Silk Twill Pocket Square

Imported. Navy, Silver. Also in Blue, Teal, Mint, Yellow, Melon, Pink, Red, Wine, Lavender, Violet, Black, White.

#PS200 \$19.50

the  
 wrinkle  
 & stain  
 resistant  
 pure wool  
 travel  
 blazer







**CULPEPPER & TERPENING, INC.**  
CONSULTING ENGINEERS | LAND SURVEYORS

May 20, 2016

Sender's Email: [tkiernan@ct-eng.com](mailto:tkiernan@ct-eng.com)

Project: 05-013.101

**VIA Client Pick-up**

Mr. Steven M. Weaver  
Realtime Property & Development Services, Inc.  
723 North US Hwy No. 1  
Fort Pierce, FL 34950

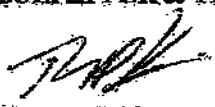
**RE: Professional Surveying Services – Update Flood Zone Delineation  
Lot 30, Block 1, Thumb Point, Plat Book 10, Page 79, St. Lucie County**

Dear Mr. Weaver:

On behalf of the firm of Culpepper & Terpening, Inc., I am pleased to enclose four (4) signed & sealed Under Construction Stemwall Tie-in Surveys and Three (3) signed and sealed FEMA Elevation Certificates (Under Const) for the property at 1635 Thumb Point Drive in Fort Pierce.

We appreciate the opportunity to provide our Professional Services. Should you have any questions or comments concerning this information, please do not hesitate to contact us at 772-464-3537.

Sincerely,  
**CULPEPPER & TERPENING, INC.**

  
Thomas P. Kiernan, P.S.M.  
Vice President – Director of Survey

TPK:  
cc: Brad Culverhouse, Esq

Enclosure, as listed

A LEGACY OF EXPERTISE AND EXCELLENCE

2880 SOUTH 26TH STREET | FT. PIERCE, FL 34981 | (772) 464-3537 | FAX: (772) 464-9497

U.S. DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
National Flood Insurance Program

**ELEVATION CERTIFICATE**

IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15

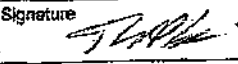
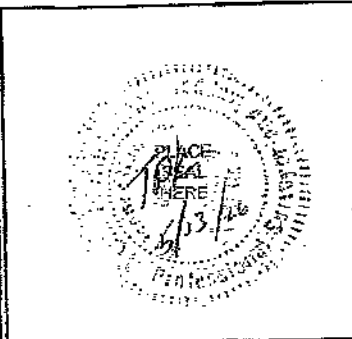
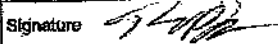
OMB Control Number: 1560-0008  
Expiration: 11/30/2018

Copy all pages of this Elevation Certificate and attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name <b>Culverhouse</b>			(C&T# 05-013-101)		
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>1635 Thumb Point Dr.</b>			Policy Number:		
City <b>Fort Pierce</b>			State <b>FL</b>	Zip Code <b>34949</b>	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) <b>Lot 30, Block 1, Thumb Point S/D</b>					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					
A5. Latitude/Longitude: Lat. <b>27°27'36" N</b> Long. <b>80°17'47" W</b> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <b>1B</b>					
A8. For a building with a crawlspace or enclosure(s):			A9. For a building with an attached garage:		
a) Square footage of crawlspace or enclosure(s) <u>n/a</u> sq ft			a) Square footage of attached garage <u>500</u> sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade <u>n/a</u>			b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>n/a</u>		
c) Total net area of flood openings in A8.b <u>n/a</u> sq in			c) Total net area of flood openings in A9.b <u>n/a</u> sq in		
d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No			d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number <b>Fort Pierce, City of 120286</b>			B2. County Name <b>St. Lucie</b>		B3. State <b>FL</b>
B4. Map/Panel Number <b>1211C0183J</b>	B5. Suffix <b>J</b>	B6. FIRM Index Date <b>February 16, 2012</b>	B7. FIRM Panel Effective/Revised Date <b>February 16, 2012</b>	B8. Flood Zone(s) <b>AE</b>	B9. Base Flood Elevation(s) (Zone AE, use base flood depth) <b>S</b>
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in Item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input checked="" type="radio"/> Building Under Construction* <input type="radio"/> Finished Construction * A new Elevation Certificate will be required when construction of the building is complete.					
C2. Elevations: Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AG. Complete items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>local</u> Vertical Datum: <u>NAVD'88</u>					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
Datum used for building elevations must be the same as that used for the BFE.				Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>6</u>	<u>51</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
b) Top of the next higher floor	<u>n/a</u>	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>n/a</u>	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
d) Attached garage (top of slab)	<u>4</u>	<u>11</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
e) Lowest elevation of machinery or equipment serving the building (Descriptive type of equipment and location in Comments)	<u>n/a</u>	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	<u>3</u>	<u>8</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	<u>5</u>	<u>8</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>n/a</u>	_____	<input checked="" type="radio"/> feet	<input type="radio"/> meters	

**ELEVATION CERTIFICATE, page 2**

OMB Control Number: 1850-0008  
Expiration: 11/30/2018

<b>IMPORTANT:</b> In these spaces, copy the corresponding information from Section A.		<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. <b>1635 Thumb Point Dr.</b>		Policy Number:	
City <b>Port Pierce</b>	State <b>FL</b>	Zip Code <b>34949</b>	Company NAIC Number:
<b>SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION</b>			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.			
<input type="checkbox"/> Check here if attachments.		Were latitude and longitude in Section A provided by a licensed land surveyor? <input checked="" type="radio"/> Yes <input type="radio"/> No	
Certifier's Name <b>Thomas P Kiernan</b>		License Number <b>6199</b>	
Title <b>Vice President - Director of Survey</b>		Company Name <b>Culpepper &amp; Terpening</b>	
Address <b>2980 South 25th St.</b>		City <b>Ft. Pierce</b>	State <b>FL</b>
Signature 		Date <b>5/13/16</b>	Zip Code <b>34981</b>
Telephone <b>(772)464-3537</b>			
Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.			
Comments (including type of equipment and location, per C2(e), if applicable)			
Signature 		Date <b>5/13/16</b>	
<b>SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)</b>			
For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.			
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).			
a) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
b) Top of bottom floor (including basement, crawlspace, or enclosure) is _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the LAG.			
E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see page 8 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E3. Attached garage (top of slab) is _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E4. Top of platform of machinery and for equipment servicing the building is _____ <input type="radio"/> feet <input type="radio"/> meters <input type="checkbox"/> above or <input type="checkbox"/> below the HAG.			
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown. The local official must certify this information in Section G.			
<b>SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION</b>			
The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.			
Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			
<input type="checkbox"/> Check here if attachments.			



# mobile mini

Secure Postpaid, Prepaid and Specialty Communications

4646 East Van Buren Street

Suite 400

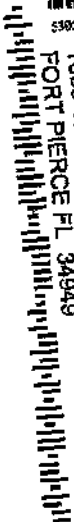
Phoenix, AZ 85008

Phone: (800) 459-1751

Email: [billingres@mobilemini.com](mailto:billingres@mobilemini.com)

Website: [www.mobilemini.com](http://www.mobilemini.com)

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949



Thank you for letting us serve you!  
Contract/Invoices are being paid by auto pay AMEX card ending # 6009

Job  
1.00 Personal Property

**INVOICE ENCLOSED**

Late charges and finance charges may apply

Total Invoice:

\$219.20

Invoice Number:

9001554465

Invoice Date:

January 5, 2017

Payment Due Date:

January 15, 2017

Late charges and finance charges may apply  
if we do not receive your payment by January 25, 2017

Account Number:

Bill To ID

Job Location:

BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949  
CM170003919

BRAD CULVERHOUSE

1/5/17 TO 2/1/17

Contract Number:  
PO Number:  
Rental Period:

ADDRESS SERVICE  
REQUESTED

PRESORTED  
FIRST CLASS

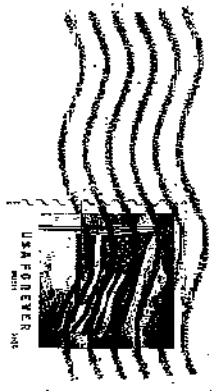


US POSTAGE  
\$0.39  
JAN 16 2017  
P.O. BOX 8500  
PHOENIX, AZ 85008-2112

Pelican Yacht Club  
1120 Seaway Drive  
Fort Pierce, Florida 34949

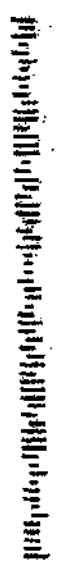
WEST PALM BEACH FL 334

EX OCT 20 1966 PM 4 12



Oliverhouse, Brad (Susan)  
1635 Thumb Point Drive  
Ft. Pierce, FL. 34949

34949-357035







B8YM14-01-8  
SPECIAL LOANS  
3232 NEWMARK DRIVE  
MIAMISBURG, OH 45342

COLUMBUS  
D/S AUTH 131

ADDRESS SERVICE  
REQUESTED

Presort  
First Class Mail  
Compass Price



U.S. POSTAGE PITNEY BOWES  
ZIP 45458 \$ 000.39<sup>9</sup>  
02 1W  
0001397911 JAN 09 2017

JOHN B CULVERHOUSE  
1635 THUMBPOINT DR  
FORT PIERCE FL 34949

LSCWLSB 34949





**USAA CASUALTY INSURANCE COMPANY**  
 (A Stock Insurance Company)  
 9800 Fredericksburg Road, San Antonio, Texas 78288  
**PERSONAL UMBRELLA POLICY DECLARATIONS - Renewal**

Policy Number: [REDACTED]

Effective: From 02/10/2017 to 02/10/2018  
 (12:01 A.M. standard time at Umbrella Base Location)

Named Insured and Mailing Address:  
 SUSAN D CULVERHOUSE  
 1635 THUMB POINT DR  
 FORT PIERCE FL 34949-3570

Umbrella Base Location:  
 505 Beach Ct  
 Fort Pierce, St. Lucie, FL 34950

	Limit (per occurrence)	Premium
Umbrella Liability	\$2,000,000	\$631.04
Umbrella Uninsured Motorists	\$1,000,000	\$437.25
<b>Total</b>		<b>\$1,068.29</b>

**PREMIUM DUE AT INCEPTION**

TYPE OF INSURANCE	SCHEDULE OF UNDERLYING INSURANCE REQUIRED MINIMUM LIMITS			
	Bodily Injury	Property Damage	OR	Combined Single Limit
Private Passenger Vehicle Liability	\$300,000/\$500,000	\$100,000	OR	\$500,000
Miscellaneous Vehicle Liability	\$250,000/\$500,000	\$100,000	OR	\$500,000
Uninsured Motorists Coverage	\$300,000/\$500,000		OR	\$300,000
Personal Liability				\$300,000



9800 Fredericksburg Road  
 San Antonio, Texas 78288

**IMPORTANT INFORMATION FROM USAA ENCLOSED**

Added: NONE  
 Remain in Effect (Refer to Previous Policy)  
 (11-10)

Countersigned by Agent

*Maria Elena*

Maria Elena

**YOU'RE READY FOR ANYTHING  
 WITH USAA MOBILE.**

**» USAA.COM/READY**

PRESORTED  
 FIRST CLASS



IN WITNESS WHEREOF, we have caused this



**CULPEPPER & TERPENING, INC.**  
CONSULTING ENGINEERS | LAND SURVEYORS

May 20, 2016

Sender's Email: [tkiernan@ct-eng.com](mailto:tkiernan@ct-eng.com)  
Project: 05-013-101

**VIA Client Pick-up**

Mr. Steven M. Weaver  
Realtime Property & Development Services, Inc.  
723 North US Hwy No. 1  
Fort Pierce, FL 34950

**RE: Professional Surveying Services – Update Flood Zone Delineation  
Lot 30, Block 1, Thumb Point, Plat Book 10, Page 79, St. Lucie County**

Dear Mr. Weaver:

On behalf of the firm of Culpepper & Terpening, Inc., I am pleased to enclose four (4) signed & sealed Under Construction Stemwall Tie-in Surveys and Three (3) signed and sealed BEMA Elevation Certificates (Under Const) for the property at 1635 Thumb Point Drive in Fort Pierce.

We appreciate the opportunity to provide our Professional Services. Should you have any questions or comments concerning this information, please do not hesitate to contact us at 772-464-3537.

Sincerely,  
**CULPEPPER & TERPENING, INC.**

Thomas P. Kiernan, P.S.M.  
Vice President – Director of Survey

TPK:  
cc. Brad Culverhouse, Esq

Enclosure; as stated

A LEGACY OF EXPERTISE AND EXCELLENCE

2880 SOUTH 26TH STREET | FT. PIERCE, FL 34981 | (772) 464-3537 | FAX: (772) 464-9497

U.S. DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program  
**ELEVATION CERTIFICATE**

GMB Control Number: 1660-0008  
Expiration: 11/30/2018

**IMPORTANT: FOLLOW THE INSTRUCTIONS ON PAGES 8-15**

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION				FOR INSURANCE COMPANY USE	
A1. Building Owner's Name Culverhouse			(C&T# 05-013.101)		Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1635 Thumb Point Dr.					Company NAIC Number:
City Fort Pierce			State FL		Zip Code 34949
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) Lot 30, Block 1, Thumb Point S/D					
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)					
A5. Latitude/Longitude: Lat. <u>27°27'36" N</u> Long. <u>80°17'47" W</u> Horizontal Datum: <input type="radio"/> NAD 1927 <input checked="" type="radio"/> NAD 1983					
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.					
A7. Building Diagram Number <u>1B</u>					
A8. For a building with a crawlspace or enclosure(s):			A9. For a building with an attached garage:		
a) Square footage of crawlspace or enclosure(s) <u>n/a</u> sq ft		b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.8 feet above adjacent grade <u>n/a</u>		a) Square footage of attached garage <u>500</u> sq ft	
c) Total net area of flood openings in A8.b <u>n/a</u> sq in		d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No		b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade <u>n/a</u>	
				c) Total net area of flood openings in A9.b <u>n/a</u> sq in	
				d) Engineered flood openings? <input type="radio"/> Yes <input checked="" type="radio"/> No	
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION					
B1. NFIP Community Name & Community Number Fort Pierce, City of 120286			B2. County Name St. Lucie		B3. State FL
B4. Map/Panel Number 1211C0183J	B5. Suffix J	B6. FIRM Index Date February 16, 2012	B7. FIRM Panel Effective/Revised Date February 16, 2012	B8. Flood Zone(s) AR	B9. Base Flood Elevation(s) (Zone AE, use base flood depth) 5
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in item B9: <input type="radio"/> FIS Profile <input checked="" type="radio"/> FIRM <input type="radio"/> Community Determined <input type="radio"/> Other/Source: _____					
B11. Indicate elevation datum used for BFE in item B9: <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? <input type="radio"/> Yes <input checked="" type="radio"/> No Designation Date: <input type="radio"/> CBRS <input type="radio"/> OPA					
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)					
C1. Building elevations are based on: <input type="radio"/> Construction Drawings* <input checked="" type="radio"/> Building Under Construction* <input type="radio"/> Finished Construction * A new Elevation Certificate will be required when construction of the building is complete.					
C2. Elevations: Zones A1-A30, AE, AH, A (with BFE); VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AE. Complete items C2.a-h below according to the building diagram specified in item A7. In Puerto Rico only, enter meters. Benchmark Utilized: <u>Local</u> Vertical Datum: <u>NAVD'88</u>					
Indicate elevation datum used for the elevations in items a) through h) below. <input type="radio"/> NGVD 1929 <input checked="" type="radio"/> NAVD 1988 <input type="radio"/> Other/Source: _____					
Datum used for building elevations must be the same as that used for the BFE.				Check the measurement used.	
a) Top of bottom floor (including basement, crawlspace, or enclosure floor)	<u>6</u>	<u>51</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
b) Top of the next higher floor	<u>n/a</u>		<input checked="" type="radio"/> feet	<input type="radio"/> meters	
c) Bottom of the lowest horizontal structural member (V Zones only)	<u>n/a</u>		<input checked="" type="radio"/> feet	<input type="radio"/> meters	
d) Attached garage (top of slab)	<u>4</u>	<u>11</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
e) Lowest elevation of machinery or equipment serving the building (Describe type of equipment and location in Comments)	<u>n/a</u>		<input checked="" type="radio"/> feet	<input type="radio"/> meters	
f) Lowest adjacent (finished) grade next to building (LAG)	<u>3</u>	<u>8</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
g) Highest adjacent (finished) grade next to building (HAG)	<u>5</u>	<u>8</u>	<input checked="" type="radio"/> feet	<input type="radio"/> meters	
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>n/a</u>		<input checked="" type="radio"/> feet	<input type="radio"/> meters	

**ELEVATION CERTIFICATE, page 2**

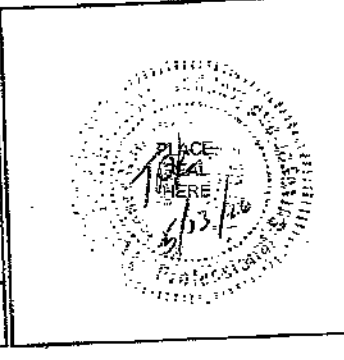
<b>IMPORTANT: In these spaces, copy the corresponding information from Section A.</b>		<b>FOR INSURANCE COMPANY USE</b>	
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 1635 Thumb Point Dr.		Policy Number:	
City Fort Pierce	State FL	Zip Code 34949	Company NAIC Number:

**SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION**

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

Were latitude and longitude in Section A provided by a licensed land surveyor?  
 Check here if attachments.  Yes  No

Certifier's Name Thomas P Kiernan		License Number 6199	
Title Vice President - Director of Survey		Company Name Culpepper & Terpening	
Address 2980 South 25th St.		City Pt. Pierce	State FL
Signature <i>[Signature]</i>		Date 5/13/16	Zip Code 34981
		Telephone (772)464-3537	



Copy all pages of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.

Comments (including type of equipment and location, per C2(e), if applicable)

Signature *[Signature]* Date 5/13/16

**SECTION E - BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)**

For Zones AO and A (without BFE), complete items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.

E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).

a) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ feet  meters  above or  below the HAG.

b) Top of bottom floor (including basement, crawlspace, or enclosure) is \_\_\_\_\_ feet  meters  above or  below the LAG.

E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A items 8 and/or 9 (see page 8 of instructions), the next higher floor (elevation C2.b in the diagrams) of the building is \_\_\_\_\_ feet  meters  above or  below the HAG.

E3. Attached garage (top of slab) is \_\_\_\_\_ feet  meters  above or  below the HAG.

E4. Top of platform of machinery and/or equipment servicing the building is \_\_\_\_\_ feet  meters  above or  below the HAG.

E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance?  Yes  No  Unknown. The local official must certify this information in Section G.

**SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION**

The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge.

Property Owner or Owner's Authorized Representative's Name			
Address	City	State	ZIP Code
Signature	Date	Telephone	
Comments			

Check here if attachments.

# LEGEND & ABBREVIATION

- (C) DENOTES CENTERLINE
- (P) DENOTES PLAT DATA
- (S) DENOTES CALCULATED FROM FIELD MEASUREMENTS
- (M) DENOTES PROFESSIONAL SURVEYOR AND MAPPER
- P.S.M. DENOTES FROM AS-BUILT SURVEY
- L.R. DENOTES FROM AS-BUILT SURVEY
- G.M. DENOTES FROM AS-BUILT SURVEY
- R&C DENOTES FROM AS-BUILT SURVEY
- A DENOTES CENTRAL ANGLE
- R DENOTES RADIUS
- L DENOTES ARC LENGTH
- R/W DENOTES RIGHT-OF-WAY
- P&AD DENOTES P.K. NAIL AND DISK
- 2 DENOTES SANITARY MANHOLE
- 3 DENOTES WOOD POWER POLE
- (NR) DENOTES NATIONAL GRID
- NOVD DENOTES NATIONAL GEODETIC VERTICAL DATUM

## NOTES:

- 1) Met. seal, ahead the signature and the original rolled seal of a Florida Professional Surveyor.
- 2) The location shown herein provided by the client.
- 3) The last date of field work was May 12, 2018.
- 4) Overall area contains 0.45 Acres, more or less.
- 5) Lands shown herein were not obstructed by this office for right-of-way, Easements, Agreements, and/or Easements of Record. Such information should be obtained and confirmed by others through appropriate title verification.
- 6) Boundaries shown herein are assumed and based on the Certificate of Thumb Nail Dike with a bearing of S 38°14'03" W.
- 7) Underground Foundations and Improvements were not located.
- 8) ACD described property is located within an area known as Flood Zone Designation "AE" (E1) and "VE" (E2) as shown on the Flood Insurance Rate Map No. 12171C0183-1 with an effective date of 1/1/2018. The Flood Insurance Rate Map No. 12171C0183-1 is located in the City of Plant City, Florida, in the County of Hillsborough, Florida.
- 9) ACD is a parcel in the City of Plant City, Florida, in the County of Hillsborough, Florida, as shown on a previous boundary survey, Job #89-CDBJAK, dated January 12, 2018.
- 10) Elevation shown herein are in feet and are based upon NAVD 1988 datum.
- 11) The area above sea level is 0.225 acres, or 14,159 square feet.
- 12) There is an apparent variance error in the description of this land and adjoining parcel. The call that reads "...along the Eastern line of said Lot 30..." should read "...along the westerly line of said Lot 30..." to be correct.


## DESCRIPTION

All of Lot 30, Block 1, of "TRIUMPH POINT", as recorded in Plat Book 10, Page 76, of the Public Records of St. Lucie County, Florida.

LESS AND EXCEPTING THEREFROM THE FOLLOWING:

A Parcel of land lying in Section 1, Township 35 South, Range 40 East, St. Lucie County, Florida, being a portion of Lot 30, Block 1, of the public "TRIUMPH POINT", as recorded in Plat Book 10, Page 76, of the Public Records of St. Lucie County, Florida, said parcel is more particularly described as follows:

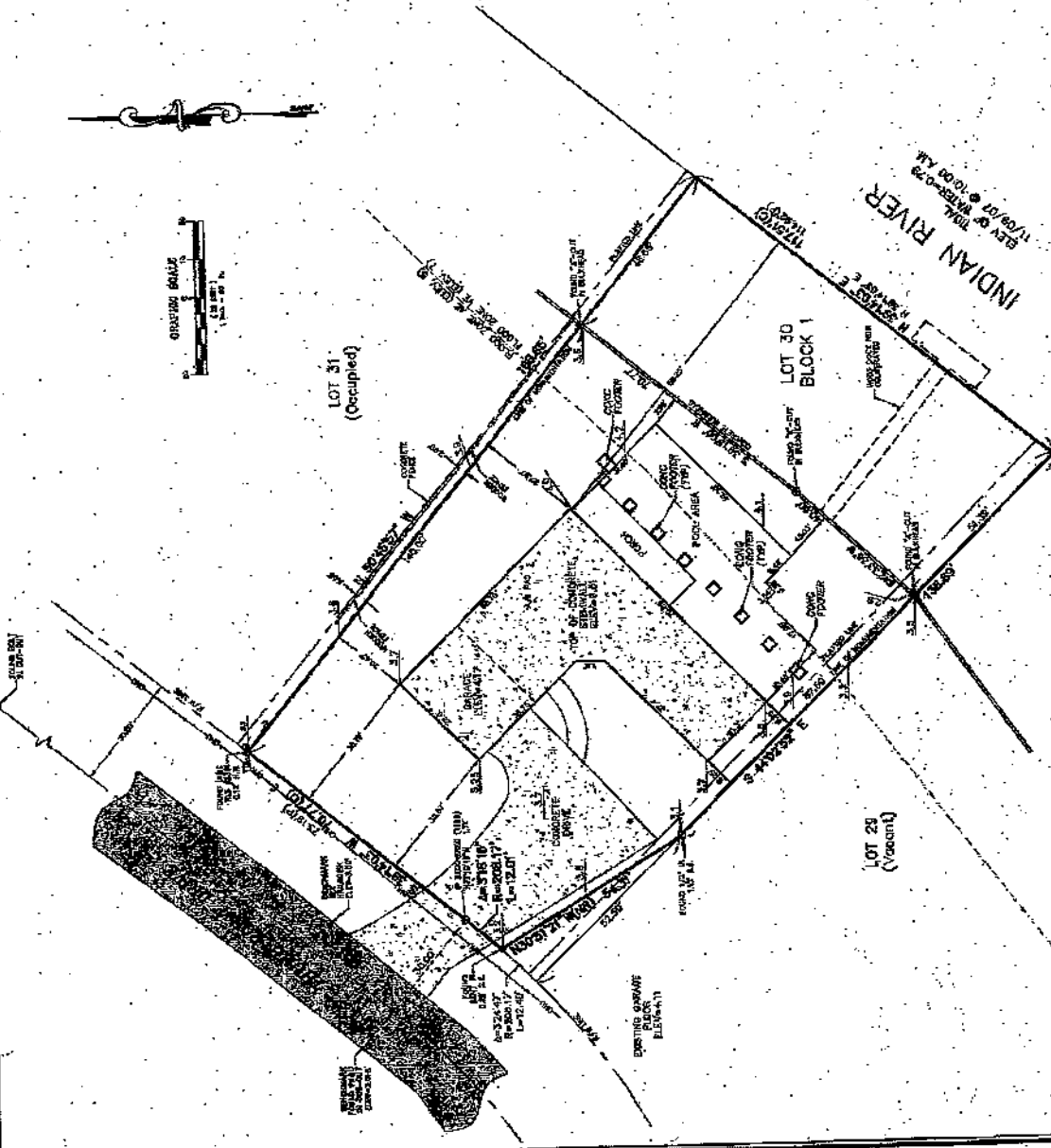
BEGIN at an Iron Rod with Cap at the Northwest corner of said Lot 30; thence run S42°30'52"E, along the Eastern line of said Lot 30, a distance of 55.50 feet; thence run N30°31'21"W, a distance of 54.31 feet; thence run S89°01'12"E, along the Eastern line of said Lot 30, a distance of 208.17 feet; the shore of said survey bearing along the arc of said Southwesterly curve said right-of-way curve at 224.47', a distance of 12.40 feet, to the POINT OF BEGINNING, containing 307.54 square feet, more or less.



**AS-BUILT SURVEY**  
PREPARED FOR:  
**Brad Culverhouse**

DATE	DATE BY	FIELD	DATE BY
5/17/18	G.M.	PK	05-013
FILE NAME	FILE NO.	PROJECT NO.	SHEET NO.
BRAD1807180317	180317	180317	1 of 1

CULVERHOUSE & TERPENDING, INC.  
SURVEYING & ENGINEERING  
1008 SOUTH 33RD STREET  
TALLAHASSEE, FLORIDA 32301  
PHONE 904-885-4697  
WWW.CULVERHOUSEANDTERPENDING.COM



## CERTIFICATIONS:

John S. Culverhouse, Sr. and John B. Culverhouse, Jr.,  
Professional Surveyors with rights of succession,  
State of Florida, P.L.A.  
PAC Morrisroe, Inc.,  
Realtime Property & Development Services,  
City of Fort Pierce.

Thomas P. Kridola  
Professional Surveyor # 8155  
Florida Certificate No. 8155  
Date Signed  
5/20/18

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BRAD CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949

Thank you for letting us serve you!  
Contract/Invoices are being paid by auto pay AMEX card ending # 6009

1.00 Personal Trip

**INVOICE ENCLOSED**

Late charges and interest when you miss a payment

Total Invoice:

\$219.20

Invoice Number:

9001554465

Invoice Date:

January 5, 2017

Payment Due Date:

January 15, 2017  
Late charges and finance charges may apply  
if we do not receive your payment by January 25, 2017

Account Number:

Bill To ID

Job Location:

Contract Number:  
PO Number:  
Rental Period:

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1635 THUMB POINT DR  
FORT PIERCE FL 34949  
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BRAD CULVERHOUSE  
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COLUMBUS  
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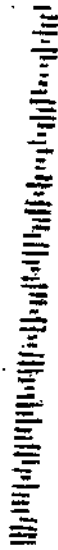


ZIP 45458 \$ 000.39<sup>9</sup>  
02 1M  
0001397911 JAN 09 2017

JOHN B CULVERHOUSE

1635 THUMBPOINT DR  
FORT PIERCE FL 34949

LSCWLSB 34949





PNC Bank  
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Dayton OH 45401-1820

**Customer Service Contact Information**  
PNC Bank, B6-YM07-01-7  
P.O. Box 1820  
Dayton, Ohio 45401-1820  
1-800-822-5626



3-749-42850-0000135-001-1-000-000-000-000



JOHN B CULVERHOUSE  
1635 THUMB POINT DR  
FORT PIERCE FL 34949-3570

Loan Number: [REDACTED]  
Date: December 19, 2016  
Page 1 of 1

**Here's what happened:**



We recently received a payment for your mortgage loan. Your loan is an Adjustable Rate Mortgage (ARM), which means that your interest rate can change, resulting in a change in your monthly payment. Your loan is paid in advance and is due for February, 2017. The scheduled adjustment has not yet been made and all payments that can be paid before this scheduled adjustment have already been applied to your loan.

The funds that you sent to us have been applied directly toward your principal balance on your loan.

**Here's what you need to do:**

The scheduled adjustment date for your loan is February, 2017. After this date, you will receive a notice regarding your new interest rate and payment amount. At that time, you may continue to make your payments in advance.

**How to contact us:**

-  Call Customer Service at 1-800-822-5626, Monday - Thursday, 8:00 a.m. - 9:00 p.m. and Friday, 8:00 a.m. - 5:00 p.m. ET.
-  Visit [pnc.com/homehq](http://pnc.com/homehq) and click on *Customer Service & Support* to access account information, make payments and more - 24/7.



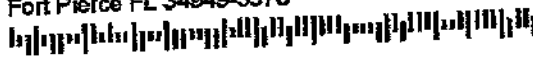
1050 CARIBBEAN WAY MIAMI, FL 33132

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5797 T32 P1  
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R.C.C.

# Paul Fredrick

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CLEARANCE AND GIFT CARDS.  
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Comfortably weighted for all-season wear, the essential blazer, precision tailored of neat wrinkle & stain resistant wool. Two-button stance with back center vent. Lined interior and stretch armhole detail for a polished finish inside and out. Imported. Pearl Grey, Navy, British Tan, Black. See order form for full range of exact sizes.

#JA1511A \$259.50  
(add \$20 B&T sizes)

### Silk Stripe Neckwear

Imported. Red, Silver or Green.

Tie #TS1508  
\$42.50 (add \$3 LONG)

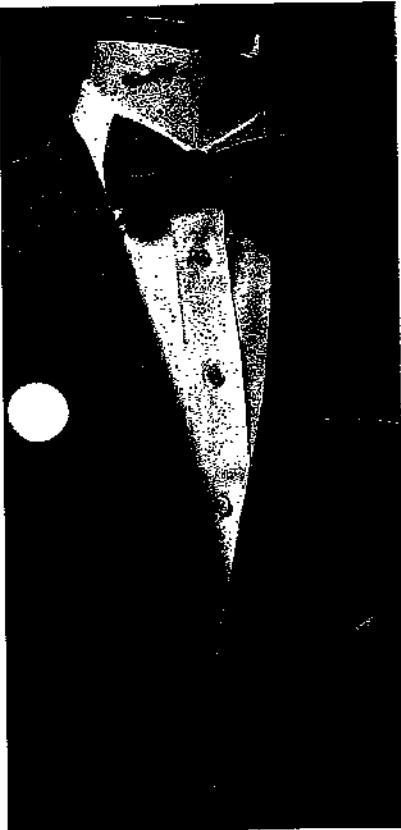
Bow Tie #BT1508 \$32.50

### Silk Twill Pocket Square

Imported. Navy, Silver. Also in Blue, Teal, Mint, Yellow, Malon, Pink, Red, Wine, Lavender, Violet, Black, White.

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& stain  
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blazer



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navy

british tan

black