

Summary of Additional Transactions
March 26, 2019

| Type | Number of Transactions | Sum of Transactions |
|--------------------|-------------------------------|----------------------------|
| Addendum(s) | 3 | \$ 580.21 |
| Wire(s) | 2 | \$ 417.85 |
| Quick Check(s) | 0 | \$ - |
| Benefit Payment(s) | 1 | \$ 658,727.54 |
| TOTAL | 6 | \$ 659,725.60 |

ADDENDUM

March 26, 2019

| | | |
|------------------------------------|--|-----------------|
| Municipal Services Bureau | Jan 19, JP#2 | \$80.04 |
| TBC Propane | Propane, SOTC | \$510.17 |
| TX Dept of Licensing & Regulations | Voided and Re-Issued For A Lower Amount, Elevator Fee, Maint | (\$10.00) |
| | TOTAL | \$580.21 |

WIRE TRANSFERS

March 26, 2019

| WIRED TO: | WIRE DATE: | PURPOSE | AMOUNT |
|-----------------------------|-------------------|--------------------------|-----------------|
| Williamson Cty MOTRF | 3/21/2019 | Repelnish Flex Acct, MOT | \$303.85 |
| Williamson Cty Tax Assessor | 3/25/2019 | Inspection Fees, Fleet | \$114.00 |
| | | | \$417.85 |

10
11
12

Supplier Payment History Report

Supplier Type: All
Payment Start Date: 20-MAR-19
Payment End Date: 26-MAR-19

Supplier: UNITED HEALTHCARE SERVICES INC
Number: 43075

Site: E-CLAIMS
Address: ATTN CORPORATE TAX MN008-T390, MINNETONKA, MN, 55343

| Account Name | Payment Number | Payment Date | Payment Currency | Payment Amount | Functional Amount | Void Date |
|-----------------|----------------|--------------|---------------------|----------------|-------------------|-----------|
| WELLS FARGO | 3024763 | 25-MAR-19 | USD | 658,727.54 | 658,727.54 | |
| Site Total: | | | | | 658,727.54 | |
| Supplier Total: | | | | | 658,727.54 | |
| Report Total: | | | | | 658,727.54 | |

*** End of Report ***