

DOCKET NO. HHD-CV16-6072516-S : **SUPERIOR COURT**
:
IN THE MATTER OF HEALTHYCT, INC., : **JUDICIAL DISTRICT OF**
IN LIQUIDATION : **HARTFORD**
:
: **SEPTEMBER 29, 2022**

**SUPPLEMENTAL FILING TO THE SIXTEENTH ACCOUNTING
AND STATUS REPORT OF THE LIQUIDATION PROCEEDINGS**

Andrew N. Mais, Insurance Commissioner of the State of Connecticut, as statutory Liquidator of HealthyCT, Inc. (“HealthyCT”), hereby submits a Supplemental Filing regarding matters discussed in the Sixteenth Accounting and Status Report of the Liquidation and documenting expenditures and operational costs of HealthyCT as summarized in Exhibit B of the Sixteenth Accounting and Status Report of Daniel L. Watkins, Special Deputy Liquidator filed September 29, 2022 (the “Sixteenth Accounting and Status Report” Dkt #213.00).

The attached spreadsheets in Exhibit B and B1, together with the attached invoices and check and wire remittances support the expenditures summarized in Exhibit B of the Sixteenth Accounting and Status Report.

The Liquidator seeks the Court’s approval of these reasonable and necessary expenditures paid in the liquidation and pursuant to the Court’s general supervision of the Liquidator’s administration of HealthyCT’s assets.

The Special Deputy’s and Morgan, Lewis & Bockius LLP’s statements and documentation of expenses and the administrative expenses of CLHIGA were reviewed by the Liquidator and approved for payment. Documentation of the Special Deputy’s, Morgan and Lewis & Bockius LLP’s fees and expenses is included in Exhibit B.

A motion and proposed order requesting the Court's approval of the acts and transactions of the Liquidator as set out in the Sixteenth Accounting and Status Report and in this Supplemental Filing has been submitted.

The Liquidator respectfully requests the Court's entry of an order approving the Sixteenth Accounting and Status Report and the acts reported therein, the fees and expenses of Special Deputy, Morgan and Lewis & Bockius, LLP and the other expenses of HealthyCT summarized in Exhibit B of the report and documented in the attached Supplemental Filing exhibits.

Respectfully submitted,

**ANDREW N. MAIS
LIQUIDATOR OF HEALTHYCT, INC.**

A handwritten signature in black ink, appearing to read "Daniel L. Watkins", written over a horizontal line.

Daniel L. Watkins,
Special Deputy Liquidator of HealthyCT, Inc.

Year Month	2017 to 2022		Received / (Funded) by	
	Jan 17- June 2022		Estate	CLHIGA
	A + B		A	B
Medical claims	\$	(17,525,761)	\$ -	\$ (17,525,761)
Cumulative Early Access Distributions		17,845,782	-	17,845,782
CLHIGA administrative expenses		(386,475)	(66,454)	(320,021)
Pharmacy claims		(1,581,683)	(1,581,683)	-
Member Premium Refunds Paid		(506,686)	(506,686)	-
Member claims funded by estate subsequent to GA settlement		(149,708)	(149,708)	-
SHOP January Premium Collected		70,915	70,915	-
LG / SG January 2017 Premium Collected		1,336,471	1,336,471	-
Funds Received / (Paid) as of December 31, 2021 Net	\$	(897,144)	\$ (897,145)	\$ 0

Cash on hand June 30, 2022	
After vendor / other disbursements and CLHIGA early access distribution	\$ 4,416,438

Funds Received since last report to Court:		Jan - June 2022
Interest earned		6,415
Funds Received	\$	6,415

Funds Paid since last report to Court:		Jan - June 2022
CHLIGA	(10,165)	Administrative expenses
Employee Payroll / Benefits	(30,255) (A)	
IT Services / Infrastructure	(58,808) (B)	
Webster / US Bank fees	(6,933)	US Bank Fees (\$625 / Mo.) / Webster transactional bank fees
Special Deputy Liquidator	(40,000)	Daniel L. Watkins (September 2021 to May 2022)
Accounting Fees	(7,515)	Information Mine, Inc: accounting / ap backoffice
Medical Management / Other Operations / Vendors	(11,799)	See Exhibit B(1)
Funds Paid	\$ (165,476)	

(A)	\$ (30,255)	Payroll: (Jan to June 2022)
	\$ (30,255)	

(B)	\$ (58,808)	Spectrum Virtual: IT infrastructure vendor (Infrastructure Long-term electronic data and documentation storage Jan - June 2022)
	\$ (58,808)	

Medical Management and Operations Detail		
Year: 2022		
Period Covered: Jan - June 2022		
	Description	Amount
OPERATIONS:		
CAL BUSINESS SOLUTIONS INC	Accounting and accounts payable application	\$ (1,980)
CORBAN ONE SOURCE LLC	Outsource payroll services	(697)
FEDERAL EXPRESS CORP INC	Postage	(47)
FRONTIER INC	Telephony / Internet	(953)
IRON MOUNTAIN	Off site storage	(1,759)
NATIONWIDE	Business, space, umbrella insurance coverage	(3,679)
PURCHASE POWER / PITNEY BOWES	Postage	(1,091)
THE SHREDDING SOURCE INC	Document shredding	(618)
THE HARTFORD INC	Workman's compensation insurance	(975)
Grand Total		\$ (11,799)

Sum of Amount			
Vendor	Description	Date	Total
CORBAN ONE SOURCE LLC	Outsource payroll services	3/21/2022	(250.00)
		5/25/2022	(447.00)
CORBAN ONE SOURCE LLC Total			(697)
FEDERAL EXPRESS CORP INC	Postage	5/25/2022	(47)
FEDERAL EXPRESS CORP INC Total			(47)
FRONTIER INC	Telephony	3/21/2022	(380.38)
		5/25/2022	(572.28)
FRONTIER INC Total			(953)
INFORMATION MINE INC	Outsource accounting fees	3/21/2022	(4,514.97)
		5/25/2022	(3,000.00)
INFORMATION MINE INC Total			(7,515)
PITNEY BOWES SALES	Postage	3/21/2022	(545.58)
		5/25/2022	(545.58)
PITNEY BOWES SALES Total			(1,091)
SPECTRUM VIRTUAL LLC	IT infrastructure vendor	3/21/2022	(29,404)
		5/25/2022	(29,404)
SPECTRUM VIRTUAL LLC Total			(58,808)
THE SHREDDING SOURCE INC	Document shredding	3/21/2022	(300.78)
		5/25/2022	(316.86)
THE SHREDDING SOURCE INC Total			(618)
IRON MOUNTAIN	Off site storage	3/21/2022	(1,172.60)
		5/25/2022	(586.30)
IRON MOUNTAIN Total			(1,759)
THE HARTFORD INC	Workman's compensation	3/21/2022	(975)
THE HARTFORD INC Total			(975)
FEDWIRE OUTGOING WIRE TO DANIEL L. WATKINS	Legal	5/25/2022	(5,000.00)
		1/11/2022	(20,000.00)
		3/14/2022	(10,000.00)
		4/15/2022	(5,000.00)
FEDWIRE OUTGOING WIRE TO DANIEL L. WATKINS Total			(40,000)
NATIONWIDE	Business, space, umbrella insurance coverage	3/21/2022	(3,679)
NATIONWIDE Total			(3,679)
FEDWIRE OUTGOING WIRE TO CT LIFE AND HEALTH INS GU	CHLIGA	2/17/2022	(10,165)
FEDWIRE OUTGOING WIRE TO CT LIFE AND HEALTH INS GUARANTY AS Total			(10,165)
FEDWIRE OUTGOING WIRE TO CAL	Accounting and accounts payable application	6/24/2022	(1,980)
FEDWIRE OUTGOING WIRE TO CAL Total			(1,980)
Grand Total			(128,288)



Check/Payment Request

Date Request Submitted **11/5/2021**
 PAYABLE TO : Vendor The Law Offices of Daniel Watkins
 Total Amount Due: **\$10,000.00**

Services Month OCT
Posting Month OCT
Bus Type Indiv Small Group Large Group

11/11/22
WIRE TRANSFER

PAYMENT APPROVAL

Prepared By: _____ SAH _____

Approval: _____

Bank Account _____

FORWARD TO
 Address or Payment Routing No. 1031 Vermont Street, Suite 100
 City, State, Zip or Account No. Lawrence, KS 66044

DATE NEEDED upon receipt

Invoice Date	Invoice No	Service Provided	Milestone Activity	GL Natur Acct	GI Dept	Amount
11/5/2021	13122	For Period Ending 9/30/2021 AND		75000-Legal Fees	510-Legal	\$10,000.00
	13138	10/31/2021				
\$						10,000.00

PLEASE SUBMIT WITH ASSOCIATED INVOICE, ATTACHED.

ACCOUNTING DEPT.

Date Rec'd: _____
 Rec'd by: _____

Confirmation on Coding

Entered By _____
 Milestone Coding _____
 GL Coding _____
 Posting Month _____

Proofs _____
 Breakout Balanced _____

MEMORANDUM

TO: Andrew N. Mais, Insurance Commissioner
FROM: Jared Kosky, General Counsel
DATE: November 5, 2021
SUBJECT: HealthyCT, Inc. in Liquidation ("HealthyCT")

I am forwarding to you for approval in your capacity as Liquidator of HealthyCT the attached invoices dated October 5, 2021 and November 2, 2021 from Daniel L. Watkins, Special Deputy Liquidator of HealthyCT.

The invoices represent Mr. Watkins' statement of fees for services rendered in his capacity as Special Deputy Liquidator for the periods ending September 30, 2021 and October 31, 2021, regarding the HealthyCT receivership (invoices # 13122 and # 13138), in the total amount of \$10,000.

The invoices are in accord with the terms of Mr. Watkin's agreement with the Liquidator as approved by the Superior Court.

Please signify your approval to pay the attached invoices by signing your name on the line below. After you sign this memo, please return it to me with the attachments.

Please let me know if you have any questions.

Thank you.



APPROVED FOR PAYMENT: _____
Andrew N. Mais, Insurance Commissioner
in his capacity as Liquidator of HealthyCT

Attachment

MEMORANDUM

TO: Andrew N. Mais, Insurance Commissioner
FROM: Jared Kosky, General Counsel
DATE: January 7, 2022
SUBJECT: HealthyCT, Inc. in Liquidation ("HealthyCT")

I am forwarding to you for approval in your capacity as Liquidator of HealthyCT the attached invoices dated December 2, 2021 and January 5, 2021 from Daniel L. Watkins, Special Deputy Liquidator of HealthyCT.

The invoices represent Mr. Watkins' statement of fees for services rendered in his capacity as Special Deputy Liquidator for the periods ending November 30, 2021 and December 31, 2021, regarding the HealthyCT receivership (invoices # 13165 and # 13182), in the total amount of \$10,000.

The invoices are in accord with the terms of Mr. Watkin's agreement with the Liquidator as approved by the Superior Court.

Please signify your approval to pay the attached invoices by signing your name on the line below. After you sign this memo, please return it to me with the attachments.

Please let me know if you have any questions.

Thank you.



APPROVED FOR PAYMENT: _____

Andrew N. Mais, Insurance Commissioner
in his capacity as Liquidator of HealthyCT

Attachment



Check/Payment Request

Date Request Submitted **3/10/2022**
 PAYABLE TO : Vendor The Law Offices of Daniel Watkins
 Total Amount Due: **\$10,000.00**

Services Month FEB
Posting Month FEB
Bus Type Indiv Small Group Large Group

3/14/22
WIRE TRANSFER

PAYMENT APPROVAL

Prepared By: SAH _____
 Approval: _____
 Bank Account _____

FORWARD TO
 Address or Payment Routing No. 1031 Vermont Street, Suite 100
 City, State, Zip or Account No. Lawrence, KS 66044

DATE NEEDED upon receipt

Invoice Date	Invoice No	Service Provided	Milestone Activity	GL Natur Acct	GI Dept	Amount
3/10/2022	13210	For Period Ending 01/31/2022 AND		75000-Legal Fees	510-Legal	\$10,000.00
	13230		Feb-22			
						\$ 10,000.00

PLEASE SUBMIT WITH ASSOCIATED INVOICE, ATTACHED.

ACCOUNTING DEPT.

Date Rec'vd: _____
 Rec'vd by : _____

Confirmation on Coding

Entered By _____
 Milestone Coding _____
 GL Coding _____
 Posting Month _____

Proofs _____
 Breakout Balanced _____

MEMORANDUM

TO: Andrew N. Mais, Insurance Commissioner
FROM: Jared Kosky, General Counsel
DATE: March 10, 2022
SUBJECT: HealthyCT, Inc. in Liquidation ("HealthyCT")

I am forwarding to you for approval in your capacity as Liquidator of HealthyCT the attached invoices dated February 3, 2022 and March 1, 2022 from Daniel L. Watkins, Special Deputy Liquidator of HealthyCT.

The invoices represent Mr. Watkins' statement of fees for services rendered in his capacity as Special Deputy Liquidator for the periods ending January 31, 2022 and February 28, 2022, regarding the HealthyCT receivership (invoices # 13210 and # 13230), in the total amount of \$10,000.

The invoices are in accord with the terms of Mr. Watkin's agreement with the Liquidator as approved by the Superior Court.

Please signify your approval to pay the attached invoices by signing your name on the line below. After you sign this memo, please return it to me with the attachments.

Please let me know if you have any questions.

Thank you.



APPROVED FOR PAYMENT: _____
Andrew N. Mais, Insurance Commissioner
in his capacity as Liquidator of HealthyCT

Attachment



Check/Payment Request

Date Request Submitted **4/18/2022**
 PAYABLE TO : Vendor The Law Offices of Daniel Watkins
 Total Amount Due: **\$5,000.00**

Services Month MAR
Posting Month MAR
Bus Type Indiv Small Group Large Group

4/15/22
WIRE TRANSFER

PAYMENT APPROVAL

Prepared By: _____ SAH _____

Approval: _____

Bank Account _____

FORWARD TO
 Address or Payment Routing No. 1031 Vermont Street, Suite 100
 City, State, Zip or Account No. Lawrence, KS 66044

DATE NEEDED upon receipt

Invoice Date	Invoice No	Service Provided	Milestone Activity	GL Natur Acct	GI Dept	Amount
4/13/2022	13250	For Period Ending 03/31/2022		75000-Legal Fees	510-Legal	\$5,000.00
\$						5,000.00

PLEASE SUBMIT WITH ASSOCIATED INVOICE, ATTACHED.

ACCOUNTING DEPT.

Date Rec'vd: _____
 Rec'vd by : _____

Confirmation on Coding

Entered By _____
 Milestone Coding _____
 GL Coding _____
 Posting Month _____

Profs _____

Breakout Balanced _____

MEMORANDUM

TO: Andrew N. Mais, Insurance Commissioner
FROM: Jared Kosky, General Counsel
DATE: April 13, 2022
SUBJECT: HealthyCT, Inc. in Liquidation ("HealthyCT")

I am forwarding to you for approval in your capacity as Liquidator of HealthyCT the attached invoice dated April 7, 2022, from Daniel L. Watkins, Special Deputy Liquidator of HealthyCT.

The invoice represents Mr. Watkins' statement of fees for services rendered in his capacity as Special Deputy Liquidator for the period ending March 31, 2022, regarding the HealthyCT receivership (invoice # 13250), in the amount of \$5,000.

The invoice is in accord with the terms of Mr. Watkin's agreement with the Liquidator as approved by the Superior Court.

Please signify your approval to pay the attached invoices by signing your name on the line below. After you sign this memo, please return it to me with the attachments.

Please let me know if you have any questions.

Thank you.



APPROVED FOR PAYMENT: _____
Andrew N. Mais, Insurance Commissioner
in his capacity as Liquidator of HealthyCT

Attachment



Check/Payment Request

Date Request Submitted **5/19/2022**
 PAYABLE TO : Vendor The Law Offices of Daniel Watkins
 Total Amount Due: **\$5,000.00**

Services Month APR
Posting Month APR
Bus Type Indiv Small Group Large Group

5/25/22
WIRE TRANSFER

PAYMENT APPROVAL

Prepared By: _____ SAH _____

Approval: _____

Bank Account _____

FORWARD TO
 Address or Payment Routing No. 1031 Vermont Street, Suite 100
 City, State, Zip or Account No. Lawrence, KS 66044

DATE NEEDED upon receipt

Invoice Date	Invoice No	Service Provided	Milestone Activity	GL Natur Acct	GI Dept	Amount
5/19/2022	13274	For Period Ending 04/30/2022		75000-Legal Fees	510-Legal	\$5,000.00
\$						5,000.00

PLEASE SUBMIT WITH ASSOCIATED INVOICE, ATTACHED.

ACCOUNTING DEPT.

Date Rec'vd: _____
 Rec'vd by : _____

Confirmation on Coding

Entered By _____
 Milestone Coding _____
 GL Coding _____
 Posting Month _____

Proofs _____
 Breakout Balanced

MEMORANDUM

TO: Andrew N. Mais, Insurance Commissioner
FROM: Jared Kosky, Acting General Counsel
DATE: May 19, 2022
SUBJECT: HealthyCT, Inc. in Liquidation ("HealthyCT")

I am forwarding to you for approval in your capacity as Liquidator of HealthyCT the attached invoice dated May 2, 2022, from Daniel L. Watkins, Special Deputy Liquidator of HealthyCT.

The invoice represents Mr. Watkins' statement of fees for services rendered in his capacity as Special Deputy Liquidator for the period ending April 30, 2022, regarding the HealthyCT receivership (invoice # 13274), in the amount of \$5,000.

The invoice is in accord with the terms of Mr. Watkin's agreement with the Liquidator as approved by the Superior Court.

Please signify your approval to pay the attached invoices by signing your name on the line below. After you sign this memo, please return it to me with the attachments.

Please let me know if you have any questions.

Thank you.



APPROVED FOR PAYMENT: _____
Andrew N. Mais, Insurance Commissioner
in his capacity as Liquidator of HealthyCT

Attachment

Sally Ann Holden

From: Christopher Masi
Sent: Friday, February 18, 2022 8:03 AM
To: cdavis@myinfomine.com; Sally Ann Holden
Subject: FW: [External] Connecticut Guaranty Association Third Amended POC

Follow Up Flag: Follow up
Flag Status: Flagged

Carla / Sally Ann – see below. This payment yesterday was for CHLIGA expenses.

From: Christopher Masi
Sent: Sunday, February 13, 2022 3:10 PM
To: O'Loughlin, Frank <foloughlin@lewisroca.com>; danwatkins@danwatkinslaw.com; sharonrose@danwatkinslaw.com
Cc: Newcomer, Robin <RNewcomer@lewisroca.com>; ewright@ctlifega.org; 'Sharon Rose' <sharonrose@danwatkinslaw.com>
Subject: RE: [External] Connecticut Guaranty Association Third Amended POC

I looked and it does not look like these fees were paid – I will initiate a wire to pay the \$10,165.48.

Chris

From: O'Loughlin, Frank <foloughlin@lewisroca.com>
Sent: Monday, February 7, 2022 11:50 AM
To: danwatkins@danwatkinslaw.com; sharonrose@danwatkinslaw.com
Cc: Newcomer, Robin <RNewcomer@lewisroca.com>; ewright@ctlifega.org; 'Sharon Rose' <sharonrose@danwatkinslaw.com>; Christopher Masi <cmasi@healthyct.org>
Subject: RE: [External] Connecticut Guaranty Association Third Amended POC

Thanks Dan.

Frank O'Loughlin
Partner

foloughlin@lewisroca.com
D. 303.628.9556



From: danwatkins@danwatkinslaw.com <danwatkins@danwatkinslaw.com>
Sent: Monday, February 7, 2022 9:48 AM
To: O'Loughlin, Frank <foloughlin@lewisroca.com>; sharonrose@danwatkinslaw.com
Cc: Newcomer, Robin <RNewcomer@lewisroca.com>; ewright@ctlifega.org; 'Sharon Rose' <sharonrose@danwatkinslaw.com>; 'Christopher Masi' <cmasi@healthyct.org>
Subject: RE: Connecticut Guaranty Association Third Amended POC

[EXTERNAL]

let us know if the Association can expect payment of its claims (certainly before payment to the US on the surplus note 😊)

Thanks Dan and hope all is well with you and yours. Frank

Frank O'Loughlin
Partner

foloughlin@lewisroca.com
D. 303.628.9556



From: danwatkins@danwatkinslaw.com <danwatkins@danwatkinslaw.com>
Sent: Tuesday, March 2, 2021 2:40 PM
To: O'Loughlin, Frank <foloughlin@lrrc.com>; sharonrose@danwatkinslaw.com
Cc: Newcomer, Robin <RNewcomer@lrrc.com>; ewright@ctlifega.org
Subject: RE: Connecticut Guaranty Association Third Amended POC

[EXTERNAL]

Hi, Frank. I'll check on this. I'd thought we'd somehow used the claims account reconciliation to pay this to CLHGA, but that may not have happened.

Will get back to you on it and make sure we are square one way or the other.

As you might have noted in the report, I'd been thinking the premium tax claim by the State Of Connecticut was \$3.3M. HCT had paid \$2.6M of it prior to receivership, so the balance owed is \$700K+.

Net result is that there may be some assets available to pay a small percentage of CMS' surplus notes.

If CMS had timely paid the Risk Corridor money, HCT might still be in business.

Juris deal worked out pretty well all the way around, especially for Juris.

Hope you're doing ok.

Dan

From: O'Loughlin, Frank <foloughlin@lrrc.com>
Sent: Tuesday, March 2, 2021 3:28 PM
To: Dan Watkins (danwatkins@danwatkinslaw.com) <danwatkins@danwatkinslaw.com>; sharonrose@danwatkinslaw.com
Cc: Newcomer, Robin <RNewcomer@lrrc.com>; ewright@ctlifega.org <ewright@ctlifega.org>
Subject: Connecticut Guaranty Association Third Amended POC

Good afternoon Dan and Sharon-

We have reviewed the 13th Status Report documents filed recently in the HealthyCT matter. It appears that CLHGA's Third Amendment to its Proof of Claim, filed on June 3, 2020 in the amount of \$10,165.48, was not accounted for and has not been paid. See attached. Could you review your records, and let us know the status of the Third Amendment to CLHGA's POC?

Thanks for your help on this, Frank

Frank O'Loughlin
Partner
303.628.9556 office

Check Remittance

Page: 1/1

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
SPECTRUMVIRT	SPECTRUM VIRTUAL LLC	SPECTRUM VIRTUAL	PMT00000028677	3/21/2022	21450		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030159	MSP2990	1/1/2022	\$7,023.85	\$7,023.85	\$0.00	\$0.00	\$7,023.85
VCH030160	MSP2996	1/1/2022	\$2,272.50	\$2,272.50	\$0.00	\$0.00	\$2,272.50
VCH030161	MSP3006	1/1/2022	\$505.00	\$505.00	\$0.00	\$0.00	\$505.00
VCH030184	MSP-3023	2/1/2022	\$7,023.85	\$7,023.85	\$0.00	\$0.00	\$7,023.85
VCH030185	MSP-3028	2/1/2022	\$2,272.50	\$2,272.50	\$0.00	\$0.00	\$2,272.50
VCH030186	MSP-3038	2/1/2022	\$505.00	\$505.00	\$0.00	\$0.00	\$505.00
VCH030208	MSP-3049	3/1/2022	\$7,023.85	\$7,023.85	\$0.00	\$0.00	\$7,023.85
VCH030209	MSP3054	3/1/2022	\$2,272.50	\$2,272.50	\$0.00	\$0.00	\$2,272.50
VCH030210	MSP3065	3/1/2022	\$505.00	\$505.00	\$0.00	\$0.00	\$505.00
Totals			\$29,404.05	\$29,404.05	\$0.00	\$0.00	\$29,404.05



Spectrum Virtual
 55 Realty Drive
 Suite 315
 Cheshire, CT 06410
 (203) 303-7540

Bill To:
HealthyCT Attn: Chris Masi 35 Thorpe Ave Suite 104 Wallingford, 06492 United States

Date	Invoice
01/01/2022	MSP-2990
Account	
Healthy CT	

Terms	Due Date	PO Number	Reference
Due Upon Receipt	01/01/2022		Monthly Billing for January

Managed Services Details	Quantity	Price	Amount
Agreement Healthy CT 2018			
SVO Premier Managed Service + RDS + 24 X 7 Includes: Support Services •Hosted Virtual Desktops •24X7 User and Remote Desktop Support •24x7 Network and Endpoint Health Monitoring and Management •Office 365 E3 for each user •Office365 Essentials for any resource or printer mailbox •Office 365 ATP – Extended Email Protection •DNS Hosting and Management •Website Hosting •Nightly Backup of Hosted Virtual Machines •Hosted Disaster Recovery to 2nd Datacenter •Proactive Maintenance •Managed Endpoint Security Services •Managed AV - Including License •Managed Malware Scanning - Including License •Managed OS Patching •Managed MDM - Including License •Basic Email Encryption •Endpoint Encryption - Including License •ATP – Proactive Breach Endpoint Detection •Vendor Application Management •Managed Firewall – 6 locations Remote Desktop Infrastructure •Hosted Desktop for each RLA user •The following Licensing for Hosted Desktop •MS SPLA RDS SAL •MS SPLA Windows Server Datacenter for each Operating System •Datacenter Internet Bandwidth for RDS Access – 128kbps •.5mbps per user for Internet bandwidth from RDS environment Managed RDS Server Security •Managed AV - Including License •Managed Malware Scanning - Including License •Managed OS Patching •Managed MDM - Including License Hosted Servers •Hosted File Server – 50GB per user •Hosted Domain Controller •Hosted Desktop Servers – Up to 20 users per server •2 x Hosted SQL Application Server – Including SPLA license •Test and Production SQL Instances •Managed Server Plan	6.00	\$225.00	\$1,350.00

Nightly Server Backup for each hosted server – excluding RDS servers with no data stored •Retention •Last 30 daily restore points •Last 12 Monthly restore points •Last 3 Yearly restore points			
Software Rental - Microsoft SQL Server 2016 Standard 4 core Subscription	2.00	\$350.00	\$700.00
Monthly Hosting - Standard Virtual Machine Hosting - 2vcpu 4GB Ram, 100GB HA Storage	3.00	\$150.00	\$450.00
Monthly Hosting - Small Virtual Machine Hosting - 1vcpu 2GB Ram, 100GB HA Storage	3.00	\$60.00	\$180.00
Monthly Hosting - Large Virtual Machine Hosting - 4vcpu 8GB Ram, 100GB HA Storage	3.00	\$340.00	\$1,020.00
Monthly Hosting - 1GB HA Storage	3000.00	\$0.20	\$600.00
Monthly Hosting Agreement - Internet Bandwidth per mb	15.00	\$27.00	\$405.00
VOIP phone line	6.00	\$45.00	\$270.00
Monthly Hosting Agreement - Public IP Address v4	10.00	\$15.00	\$150.00
SV Backup as a Service - 1GB Storage	3000.00	\$0.15	\$450.00
Monthly Hosting - L1 DR - Local Datacenter per VM local Backup	12.00	\$18.00	\$216.00
Managed Service - Managed Firewall Instance	1.00	\$250.00	\$250.00
One Time Virtual Hardware License Fee	1.00	\$899.00	\$899.00
		Total Managed Services Details:	\$6,940.00
Make checks payable to Spectrum Virtual	Invoice Subtotal:		\$6,940.00
	Sales Tax:		\$83.85
	Invoice Total:		\$7,023.85
	Payments:		\$0.00
	Credits:		\$0.00
	Balance Due:		\$7,023.85



Spectrum Virtual
 55 Realty Drive
 Suite 315
 Cheshire, CT 06410
 (203) 303-7540

Bill To:
HealthyCT Attn: Chris Masi 35 Thorpe Ave Suite 104 Wallingford, 06492 United States

Date	Invoice
01/01/2022	MSP-2996
Account	
Healthy CT	

Terms	Due Date	PO Number	Reference
Due Upon Receipt	01/01/2022		Monthly Billing for January

Managed Services Details	Quantity	Price	Amount
Agreement Healthy CT Long Term Data Storage			
SV Backup as a Service - 1GB Storage	75000.00	\$0.03	\$2,250.00
Total Managed Services Details:			\$2,250.00
Make checks payable to Spectrum Virtual	Invoice Subtotal:		\$2,250.00
	Sales Tax:		\$22.50
	Invoice Total:		\$2,272.50
	Payments:		\$0.00
	Credits:		\$0.00
Balance Due:		\$2,272.50	



Spectrum Virtual
 55 Realty Drive
 Suite 315
 Cheshire, CT 06410
 (203) 303-7540

Bill To:
HealthyCT Attn: Chris Masi 35 Thorpe Ave Suite 104 Wallingford, 06492 United States

Date	Invoice
01/01/2022	MSP-3006
Account	
Healthy CT	

Terms	Due Date	PO Number	Reference
Due Upon Receipt	01/01/2022		Monthly Billing for January

Managed Services Details	Quantity	Price	Amount
Agreement Healthy CT Long Term Data Storage - Secondary			
SV Backup as a Service - maintain 1GB Storage capability	1.00	\$500.00	\$500.00
Total Managed Services Details:			\$500.00
Make checks payable to Spectrum Virtual	Invoice Subtotal:		\$500.00
	Sales Tax:		\$5.00
	Invoice Total:		\$505.00
	Payments:		\$0.00
	Credits:		\$0.00
Balance Due:		\$505.00	



Spectrum Virtual
 55 Realty Drive
 Suite 315
 Cheshire, CT 06410
 (203) 303-7540

Bill To:
HealthyCT Attn: Chris Masi 35 Thorpe Ave Suite 104 Wallingford, 06492 United States

Date	Invoice
02/01/2022	MSP-3023
Account	
Healthy CT	

Terms	Due Date	PO Number	Reference
Due Upon Receipt	02/01/2022		Monthly Billing for February

Managed Services Details	Quantity	Price	Amount
Agreement Healthy CT 2018			
SVO Premier Managed Service + RDS + 24 X 7 Includes: Support Services •Hosted Virtual Desktops •24X7 User and Remote Desktop Support •24x7 Network and Endpoint Health Monitoring and Management •Office 365 E3 for each user •Office365 Essentials for any resource or printer mailbox •Office 365 ATP - Extended Email Protection •DNS Hosting and Management •Website Hosting •Nightly Backup of Hosted Virtual Machines •Hosted Disaster Recovery to 2nd Datacenter •Proactive Maintenance •Managed Endpoint Security Services •Managed AV - Including License •Managed Malware Scanning - Including License •Managed OS Patching •Managed MDM - Including License •Basic Email Encryption •Endpoint Encryption - Including License •ATP - Proactive Breach Endpoint Detection •Vendor Application Management •Managed Firewall - 6 locations	6.00	\$225.00	\$1,350.00
Remote Desktop Infrastructure •Hosted Desktop for each RLA user •The following Licensing for Hosted Desktop •MS SPLA RDS SAL •MS SPLA Windows Server Datacenter for each Operating System •Datacenter Internet Bandwidth for RDS Access - 128kbps •.5mbps per user for Internet bandwidth from RDS environment			
Managed RDS Server Security •Managed AV - Including License •Managed Malware Scanning - Including License •Managed OS Patching •Managed MDM - Including License			
Hosted Servers •Hosted File Server - 50GB per user •Hosted Domain Controller •Hosted Desktop Servers - Up to 20 users per server •2 x Hosted SQL Application Server - Including SPLA license •Test and Production SQL Instances •Managed Server Plan			

Nightly Server Backup for each hosted server – excluding RDS servers with no data stored •Retention •Last 30 daily restore points •Last 12 Monthly restore points •Last 3 Yearly restore points			
Software Rental - Microsoft SQL Server 2016 Standard 4 core Subscription	2.00	\$350.00	\$700.00
Monthly Hosting - Standard Virtual Machine Hosting - 2vcpu 4GB Ram, 100GB HA Storage	3.00	\$150.00	\$450.00
Monthly Hosting - Small Virtual Machine Hosting - 1vcpu 2GB Ram, 100GB HA Storage	3.00	\$60.00	\$180.00
Monthly Hosting - Large Virtual Machine Hosting - 4vcpu 8GB Ram, 100GB HA Storage	3.00	\$340.00	\$1,020.00
Monthly Hosting - 1GB HA Storage	3000.00	\$0.20	\$600.00
Monthly Hosting Agreement - Internet Bandwidth per mb	15.00	\$27.00	\$405.00
VOIP phone line	6.00	\$45.00	\$270.00
Monthly Hosting Agreement - Public IP Address v4	10.00	\$15.00	\$150.00
SV Backup as a Service - 1GB Storage	3000.00	\$0.15	\$450.00
Monthly Hosting - L1 DR - Local Datacenter per VM local Backup	12.00	\$18.00	\$216.00
Managed Service - Managed Firewall Instance	1.00	\$250.00	\$250.00
One Time Virtual Hardware License Fee	1.00	\$899.00	\$899.00
Total Managed Services Details:			\$6,940.00
Make checks payable to Spectrum Virtual	Invoice Subtotal:		\$6,940.00
	Sales Tax:		\$83.85
	Invoice Total:		\$7,023.85
	Payments:		\$0.00
	Credits:		\$0.00
	Balance Due:		\$7,023.85



Spectrum Virtual
 55 Realty Drive
 Suite 315
 Cheshire, CT 06410
 (203) 303-7540

Bill To:
HealthyCT Attn: Chris Masi 35 Thorpe Ave Suite 104 Wallingford, 06492 United States

Date	Invoice
02/01/2022	MSP-3028
Account	
Healthy CT	

Terms	Due Date	PO Number	Reference	
Due Upon Receipt	02/01/2022		Monthly Billing for February	

Managed Services Details	Quantity	Price	Amount
Agreement Healthy CT Long Term Data Storage			
SV Backup as a Service - 1GB Storage	75000.00	\$0.03	\$2,250.00
Total Managed Services Details:			\$2,250.00
Make checks payable to Spectrum Virtual	Invoice Subtotal:		\$2,250.00
	Sales Tax:		\$22.50
	Invoice Total:		\$2,272.50
	Payments:		\$0.00
	Credits:		\$0.00
Balance Due:		\$2,272.50	



Spectrum Virtual
 55 Realty Drive
 Suite 315
 Cheshire, CT 06410
 (203) 303-7540

Bill To:
HealthyCT Attn: Chris Masi 35 Thorpe Ave Suite 104 Wallingford, 06492 United States

Date	Invoice
02/01/2022	MSP-3038
Account	
Healthy CT	

Terms	Due Date	PO Number	Reference
Due Upon Receipt	02/01/2022		Monthly Billing for February

Managed Services Details	Quantity	Price	Amount
Agreement Healthy CT Long Term Data Storage - Secondary			
SV Backup as a Service - maintain 1GB Storage capability	1.00	\$500.00	\$500.00
Total Managed Services Details:			\$500.00
Make checks payable to Spectrum Virtual	Invoice Subtotal:		\$500.00
	Sales Tax:		\$5.00
	Invoice Total:		\$505.00
	Payments:		\$0.00
	Credits:		\$0.00
Balance Due:		\$505.00	



Spectrum Virtual
 55 Realty Drive
 Suite 315
 Cheshire, CT 06410
 (203) 303-7540

Bill To:
HealthyCT Attn: Chris Masi 35 Thorpe Ave Suite 104 Wallingford, 06492 United States

Date	Invoice
03/01/2022	MSP-3049
Account	
Healthy CT	

Terms	Due Date	PO Number	Reference
Due Upon Receipt	03/01/2022		Monthly Billing for March

Managed Services Details	Quantity	Price	Amount
Agreement Healthy CT 2018			
SVO Premier Managed Service + RDS + 24 X 7 Includes: Support Services •Hosted Virtual Desktops •24X7 User and Remote Desktop Support •24x7 Network and Endpoint Health Monitoring and Management •Office 365 E3 for each user •Office365 Essentials for any resource or printer mailbox •Office 365 ATP – Extended Email Protection •DNS Hosting and Management •Website Hosting •Nightly Backup of Hosted Virtual Machines •Hosted Disaster Recovery to 2nd Datacenter •Proactive Maintenance •Managed Endpoint Security Services •Managed AV - Including License •Managed Malware Scanning - Including License •Managed OS Patching •Managed MDM - Including License •Basic Email Encryption •Endpoint Encryption - Including License •ATP – Proactive Breach Endpoint Detection •Vendor Application Management •Managed Firewall – 6 locations Remote Desktop Infrastructure •Hosted Desktop for each RLA user •The following Licensing for Hosted Desktop •MS SPLA RDS SAL •MS SPLA Windows Server Datacenter for each Operating System •Datacenter Internet Bandwidth for RDS Access – 128kbps •.5mbps per user for Internet bandwidth from RDS environment Managed RDS Server Security •Managed AV - Including License •Managed Malware Scanning - Including License •Managed OS Patching •Managed MDM - Including License Hosted Servers •Hosted File Server – 50GB per user •Hosted Domain Controller •Hosted Desktop Servers – Up to 20 users per server •2 x Hosted SQL Application Server – Including SPLA license •Test and Production SQL Instances •Managed Server Plan	6.00	\$225.00	\$1,350.00

Nightly Server Backup for each hosted server – excluding RDS servers with no data stored

- Retention
- Last 30 daily restore points
- Last 12 Monthly restore points
- Last 3 Yearly restore points

Software Rental - Microsoft SQL Server 2016 Standard 4 core Subscription	2.00	\$350.00	\$700.00
Monthly Hosting - Standard Virtual Machine Hosting - 2vcpu 4GB Ram, 100GB HA Storage	3.00	\$150.00	\$450.00
Monthly Hosting - Small Virtual Machine Hosting - 1vcpu 2GB Ram, 100GB HA Storage	3.00	\$60.00	\$180.00
Monthly Hosting - Large Virtual Machine Hosting - 4vcpu 8GB Ram, 100GB HA Storage	3.00	\$340.00	\$1,020.00
Monthly Hosting - 1GB HA Storage	3000.00	\$0.20	\$600.00
Monthly Hosting Agreement - Internet Bandwidth per mb	15.00	\$27.00	\$405.00
VOIP phone line	6.00	\$45.00	\$270.00
Monthly Hosting Agreement - Public IP Address v4	10.00	\$15.00	\$150.00
SV Backup as a Service - 1GB Storage	3000.00	\$0.15	\$450.00
Monthly Hosting - L1 DR - Local Datacenter per VM local Backup	12.00	\$18.00	\$216.00
Managed Service - Managed Firewall Instance	1.00	\$250.00	\$250.00
One Time Virtual Hardware License Fee	1.00	\$899.00	\$899.00
		Total Managed Services Details:	\$6,940.00
Make checks payable to Spectrum Virtual	Invoice Subtotal:		\$6,940.00
	Sales Tax:		\$83.85
	Invoice Total:		\$7,023.85
	Payments:		\$0.00
	Credits:		\$0.00
	Balance Due:		\$7,023.85



Spectrum Virtual
 55 Realty Drive
 Suite 315
 Cheshire, CT 06410
 (203) 303-7540

Bill To:
HealthyCT Attn: Chris Masi 35 Thorpe Ave Suite 104 Wallingford, 06492 United States

Date	Invoice
03/01/2022	MSP-3054
Account	
Healthy CT	

Terms	Due Date	PO Number	Reference
Due Upon Receipt	03/01/2022		Monthly Billing for March

Managed Services Details	Quantity	Price	Amount
Agreement Healthy CT Long Term Data Storage			
SV Backup as a Service - 1GB Storage	75000.00	\$0.03	\$2,250.00
Total Managed Services Details:			\$2,250.00
Make checks payable to Spectrum Virtual	Invoice Subtotal:		\$2,250.00
	Sales Tax:		\$22.50
	Invoice Total:		\$2,272.50
	Payments:		\$0.00
	Credits:		\$0.00
Balance Due:		\$2,272.50	



Spectrum Virtual
 55 Realty Drive
 Suite 315
 Cheshire, CT 06410
 (203) 303-7540

Bill To:
HealthyCT Attn: Chris Masi 35 Thorpe Ave Suite 104 Wallingford, 06492 United States

Date	Invoice
03/01/2022	MSP-3065
Account	
Healthy CT	

Terms	Due Date	PO Number	Reference
Due Upon Receipt	03/01/2022		Monthly Billing for March

Managed Services Details	Quantity	Price	Amount
Agreement Healthy CT Long Term Data Storage - Secondary			
SV Backup as a Service - maintain 1GB Storage capability	1.00	\$500.00	\$500.00
Total Managed Services Details:			\$500.00
Make checks payable to Spectrum Virtual	Invoice Subtotal:		\$500.00
	Sales Tax:		\$5.00
	Invoice Total:		\$505.00
	Payments:		\$0.00
	Credits:		\$0.00
Balance Due:		\$505.00	

Check Remittance

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
NATIONWIDE	NATIONWIDE	NATIONWIDE	PMT00000028679	3/21/2022	21452		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030158	20211228	12/28/2021	\$936.11	\$936.11	\$0.00	\$0.00	\$936.11
VCH030197	20220127	1/27/2022	\$936.11	\$936.11	\$0.00	\$0.00	\$936.11
VCH030224	20220321	3/21/2022	\$1,807.26	\$1,807.26	\$0.00	\$0.00	\$1,807.26
Totals			\$3,679.48	\$3,679.48	\$0.00	\$0.00	\$3,679.48



Check/Payment Request

Date Request Submitted **3/21/2022**

PAYABLE TO : Vendor NATIONWIDE
 Total Amount Due: \$3,679.48

Services Month MAR
Posting Month MAR
Bus Type Indiv Small Group Large Group

FORWARD TO **NATIONWIDE**
 Address or Payment Routing No. **Lock Box Services 997130, 1801 Parkview Dr., 1st Floor**
 City, State, Zip or Account No. **Shoreview, MN 55126**

PAYMENT APPROVAL

Prepared By: SAH _____

Approval: _____

Bank Account _____

spoke w/ Eduardo on 3/21/22

DATE NEEDED **OVERNIGHT PAYMENT DUE IN 2 DAYS (3/23/2022)**
 01-14100-000-000-000-00

Invoice Date	Invoice No	Service Provided	Milestone Activity	GL Natur Acct	GI Dept	Amount
3/21/2022	Acct # 5N4986	Business Owners Policy		14100-Prepaid Insurance	000-Dept NA	
	240069406	Effective 8/23/21 - 8/23/22				
		Commercial Umbrella		14100-Prepaid Insurance	000-Dept NA	
		Effective 8/23/21 - 8/23/22				
		(includes \$5.00 service charge)				
		PAY IN FULL		14100-Prepaid Insurance	000-Dept NA	\$ 3,619.48
		Late Fees		41000-Fees		\$ 60.00
		(Full Policy = \$6012.00, pd 10/21 \$672.99, 11/21 \$783.42, and 12/21 \$ 936.11....owe 3619.48 plus 3 mos late fees @ \$20 ea)				
						\$ 3,679.48

PLEASE SUBMIT WITH ASSOCIATED INVOICE, ATTACHED.

ACCOUNTING DEPT.

Date Rec'vd: _____
 Rec'vd by: _____

Confirmation on Coding

Entered By _____
 Milestone Coding _____
 GL Coding _____
 Posting Month _____

Proofs _____
 Breakout Balanced _____

Check request from HealthyCT to IMI

Monthly	Grand Total	JAN	FEB	MAR	Not Assigned
Batch Totals	\$ 3,679.48	\$ -	\$ -	3,679.48	\$ -

Date Packet to IMI

Data Entry Totals - Up to 40	\$ 3,679.48
------------------------------	-------------

Data Entry Proofing

Row #	Vendor	Amount	Posting Month	JAN	FEB	MAR	Not Assigned
1	NATIONWIDE	\$ 3,679.48	MAR			3,679.48	0.00
2							0.00
3							0.00
4							0.00
5							0.00
6							0.00
7							0.00
8							0.00
9							0.00
10							0.00
11							0.00
12							0.00
13							0.00
14							0.00
15							0.00
16							0.00
17							0.00
18							0.00
19							0.00
20							0.00
21							0.00
22							0.00
23							0.00
24							0.00
25							0.00
26							0.00
27							0.00
28							0.00
29							0.00
30							0.00
31							0.00
32							0.00
33							0.00
34							0.00
35							0.00
36							0.00
37							0.00
38							0.00
39							0.00
40							0.00

payment in full as of
3/21/22
To: overnight
emailed: Carla + Chns
sent 3/21/22

Check Remittance

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
CORBANONESOURCE	CORBAN ONE SOURCE LLC	CORBAN ONE SOURCE LLC	PMT00000028670	3/21/2022	21444		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030181	012022 DEC SVC	1/19/2022	\$125.00	\$125.00	\$0.00	\$0.00	\$125.00
VCH030203	022022 JAN SVC	2/16/2022	\$125.00	\$125.00	\$0.00	\$0.00	\$125.00
Totals			\$250.00	\$250.00	\$0.00	\$0.00	\$250.00

Check Remittance

Page: 1/1

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
CORBANONESOURCE	CORBAN ONE SOURCE LLC	CORBAN ONE SOURCE LLC	PMT00000028701	5/25/2022	21453		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH029955	032020 W-2	3/18/2020	\$26.25	\$26.25	\$0.00	\$0.00	\$26.25
VCH030225	032022 FEB SVC	3/17/2022	\$140.75	\$140.75	\$0.00	\$0.00	\$140.75
VCH030244	042022 MAR SVC	4/14/2022	\$140.00	\$140.00	\$0.00	\$0.00	\$140.00
VCH030263	052022 APR SVC	5/23/2022	\$140.00	\$140.00	\$0.00	\$0.00	\$140.00
Totals			\$447.00	\$447.00	\$0.00	\$0.00	\$447.00

Corban OneSource, LLC

235 3rd Street South
 Suite 300
 St. Petersburg, FL 33701
 USA

Voice: 727-803-1800
 Fax: 727-803-1900

INVOICE

Invoice Number: 032020 W-2
 Invoice Date: Mar 18, 2020
 Page: 1

Duplicate

Bill To:
Healthy CT 35 Thorpe Avenue Suite 104 Wallingford, CT 06492

Ship to:
Healthy CT 35 Thorpe Avenue Suite 104 Wallingford, CT 06492

Customer ID	Customer PO	Payment Terms	
Healthy CT		Net 5 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
			3/23/20

Quantity	Item	Description	Unit Price	Amount
5.00		2019 W2 / 1099 Processing	5.25	26.25

Subtotal	26.25
Sales Tax	
Total Invoice Amount	26.25
Payment/Credit Applied	
TOTAL	26.25

Check/Credit Memo No:

Corban OneSource, LLC

235 3rd Street South
 Suite 300
 St. Petersburg, FL 33701
 USA

Voice: 727-803-1800
 Fax: 727-803-1900

INVOICE

Invoice Number: 042022 Mar Svc
 Invoice Date: Apr 14, 2022
 Page: 1

Duplicate

Bill To:
Healthy CT 35 Thorpe Avenue Suite 104 Wallingford, CT 06492

Ship to:

Customer ID	Customer PO	Payment Terms	
Healthy CT		Net 5 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	Airborne		4/19/22

Quantity	Item	Description	Unit Price	Amount
5.00		Payroll Services	25.00	125.00
1.00		Year end package delivery 2021	15.00	15.00

Subtotal	140.00
Sales Tax	
Total Invoice Amount	140.00
Payment/Credit Applied	
TOTAL	140.00

Check/Credit Memo No:

Check Remittance

Page: 1/1

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number			
FEDEX	FEDERAL EXPRESS CORP INC	FEDERAL EXPRESS CORP INC	PMT00000028702	5/25/2022	21454			
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net	
VCH030245	771906730	4/11/2022	\$47.25	\$47.25	\$0.00	\$0.00	\$47.25	
Totals			\$47.25	\$47.25	\$0.00	\$0.00	\$47.25	



Invoice Number	Invoice Date	Account Number	Page
7-719-06730	Apr 11, 2022	3519-6407-3	1 of 2

Billing Address:
 HEALTHYCT
 35 THORPE AVE
 WALLINGFORD CT 06492-1999

Shipping Address:
 HEALTHYCT
 35 THORPE AVE
 WALLINGFORD CT 06492-1999

**Invoice Questions?
 Contact FedEx Revenue Services**
 Phone: 800.622.1147
 M-F 7 AM to 8 PM CST
 Sa 7 AM to 6 PM CST
 Internet: fedex.com

Invoice Summary

FedEx Express Services

Total Charges USD \$47.25
TOTAL THIS INVOICE USD \$47.25

You saved \$7.04 in discounts this period!

Shipments included in this invoice received an earned discount. If you would like to know how it was calculated, please go to the following URL:

<https://www.fedex.com/EarnedDiscounts/>

Other discounts may apply.

To pay your FedEx invoice, please go to www.fedex.com/payment. Thank you for using FedEx.



Account Summary as of Apr 11, 2022

Previous Balance 0.00
 Payments 0.00
 Adjustments 0.00
 New Charges 47.25

New Account Balance \$47.25

Payments not received by Apr 26, 2022 are subject to a late fee.

Detailed descriptions of surcharges can be located at fedex.com

To ensure proper credit, please return this portion with your payment to FedEx. Please do not staple or fold. Please make check payable to FedEx.

Invoice Number	Invoice Amount	Account Number	Account Balance
7-719-06730	USD \$47.25	3519-6407-3	USD \$47.25

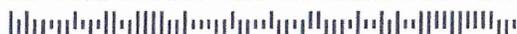
Remittance Advice

Your payment is due by Apr 26, 2022

Payments not received by this date are subject to a late fee.

771906730300000472583519640738000004725800000472580

0010882 01 AB 0.461 **AUTO T3 0 1099 06492-199999 -C01-P10892-11



HEALTHYCT
 35 THORPE AVE
 WALLINGFORD CT 06492-1999



FedEx
 P.O. Box 371461
 Pittsburgh PA 15250-7461



63325990011037

Check Remittance

Page: 1/1

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
FRONTIER	FRONTIER INC	FRONTIER INC	PMT00000028671	3/21/2022	21445		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030170	20220103	1/3/2022	\$191.75	\$191.75	\$0.00	\$0.00	\$191.75
VCH030194	20220203	2/3/2022	\$188.63	\$188.63	\$0.00	\$0.00	\$188.63
Totals			\$380.38	\$380.38	\$0.00	\$0.00	\$380.38



Account Summary

New Charges Due Date	1/27/22
Billing Date	1/03/22
Account Number	203-949-1603-082812-5
PIN	3994
Previous Balance	387.01
Payments Received Thru 1/02/22	-387.01
Thank you for your payment!	
Balance Forward	.00
New Charges	191.75
Total Amount Due	\$191.75



Reap the Rewards
With our Business Referral Program

Know a business that could use Frontier® Internet service? Earn up to \$5,000 for each referral that signs up.

business.frontier.com/referral-program

Ways to pay your bill

 frontier.com/pay

 **800.801.6652**
TTY: 877.462.6606

 **Auto Pay**
[Frontier.com/SignUpForAutopay](https://frontier.com/SignUpForAutopay)

6

PAYMENT STUB

Total Amount Due \$191.75

New Charges Due Date 1/27/22

Account Number 203-949-1603-082812-5

Please do not send correspondence with your payment. Make checks payable to Frontier.

Amount Enclosed \$

To change your billing address, call 1-800-921-8102



P.O. Box 709, South Windsor, CT 06074-9998

AV 01 007768 32011B 31 A**5DGT



HEALTHYCT INC
35 THORPE AVE
WALLINGFORD, CT 06492-1999

FRONTIER
P.O. Box 740407
CINCINNATI OH 45274-0407



2360092039491603082812000000000000000000191755



HEALTHYCT INC
Your Monthly Invoice

Account Summary

New Charges Due Date	2/27/22
Billing Date	2/03/22
Account Number	203-949-1603-082812-5
PIN	3994
Previous Balance	191.75
Payments Received Thru 2/03/22	.00
Balance Forward	191.75
New Charges	188.63
Total Amount Due	\$380.38

Reap the Rewards
With our Business Referral Program

Know a business that could use Frontier Internet service? Earn up to \$5,000 for each referral that signs up.

business.frontier.com/referral-program

Ways to pay your bill

frontier.com/pay

800.801.6652
TTY: 877.462.6606

Auto Pay
Frontier.com/SignUpForAutopay



P.O. Box 709, South Windsor, CT 06074-9998

AV 01 007934 66397H 31 A**5DGT



HEALTHYCT INC
35 THORPE AVE
WALLINGFORD, CT 06492-1999

PAYMENT STUB

Total Amount Due \$380.38

New Charges Due Date 2/27/22

Account Number 203-949-1603-082812-5

Please do not send correspondence with your payment. Make checks payable to Frontier.

Amount Enclosed \$.

To change your billing address, call 1-800-921-8102

FRONTIER
P.O. Box 740407
CINCINNATI OH 45274-0407



136096203949160308281200000191750000380385



HEALTHYCT INC
Date of Bill
Account Number

Page 3 of 3

2/03/22

203-949-1603-082812-5

CURRENT BILLING SUMMARY

Local Service from 02/03/22 to 03/02/22

Qty Description	203/949-1603.0	Charge
Basic Charges		
Frontier Simply Unlimited		64.99
Frontier Simply Unlimited		64.99
Frontier Simply Unlimited		64.99
Carrier Cost Recovery Surcharge		5.99
Frontier Roadwork Recovery Surcharge		.90
Other Charges-Detailed Below		11.88
Partial Month Charges-Detailed Below		-115.00
Frontier Long Distance - Federal USF Surcharge		21.16
Federal USF Recovery Charge		8.85
CT State Tel Sales Tax		7.43
3 911 Surcharge		1.32
CT State Sales Tax		.75
3 CT Service Fund		.15
Federal Excise Tax		.03
Total Basic Charges		138.43
Non Basic Charges		
Broadband Max (7 M down - 1 M up)		99.99
Non-Published Listing		6.50
Speed Dial 30		6.50
Other Charges-Detailed Below		5.99
Partial Month Charges-Detailed Below		-70.00
CT State Tel Sales Tax		.82
Federal Excise Tax		.40
Total Non Basic Charges		50.20

TOTAL 188.63

**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Late Payment Fee		1/30	11.88
1 Business High Speed Internet Fee	AUTOCH	2/03	5.99
203/949-1603		Subtotal	17.87
Partial Month Charges			
Q3 DP Broadband			-70.00
Q3 DP Simply Unlimited			-40.00
203/265-6618		Subtotal	-110.00
Q3 DP Simply Unlimited			-35.00
203/949-1603		Subtotal	-35.00
Q3 DP Simply Unlimited			-40.00
203/949-1605		Subtotal	-40.00
		Subtotal	-167.13



Check Remittance

Page: 1/1

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
FRONTIER	FRONTIER INC	FRONTIER INC	PMT00000028703	5/25/2022	21455		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030227	20220303	3/3/2022	\$191.64	\$191.64	\$0.00	\$0.00	\$191.64
VCH030242	20220403	4/3/2022	\$186.85	\$186.85	\$0.00	\$0.00	\$186.85
VCH030268	20220503	5/3/2022	\$193.79	\$193.79	\$0.00	\$0.00	\$193.79
Totals			\$572.28	\$572.28	\$0.00	\$0.00	\$572.28



Account Summary

New Charges Due Date	3/28/22
Billing Date	3/03/22
Account Number	203-949-1603-082812-5
PIN	3994
Previous Balance	380.38
Payments Received Thru 3/03/22	.00
Balance Forward	380.38
New Charges	191.64
Total Amount Due	\$572.02

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Know a business that could use Frontier Internet service? Earn up to \$5,000 for each referral that signs up.

business.frontier.com/referral-program

Ways to pay your bill

frontier.com/pay

800.801.6652
TTY: 877.462.6606

Auto Pay
Frontier.com/SignUpForAutopay

6



P.O. Box 709, South Windsor, CT 06074-9998

AV 01 007893 97989H 31 A**5DGT



HEALTHYCT INC
35 THORPE AVE
WALLINGFORD, CT 06492-1999

PAYMENT STUB

Total Amount Due \$572.02

New Charges Due Date 3/28/22

Account Number 203-949-1603-082812-5

Please do not send correspondence with your payment. Make checks payable to Frontier

Amount Enclosed \$

To change your billing address, call 1-800-921-8102

FRONTIER
P.O. Box 740407
CINCINNATI OH 45274-0407



536064203949160308281200000380380000572025

Frontier

HEALTHYCT INC
Date of Bill
Account Number

Page 3 of 3
3/03/22
203-949-1603-082812-5

CURRENT BILLING SUMMARY

Local Service from 03/03/22 to 04/02/22

Qty Description	203/949-1603.0	Charge
Basic Charges		
Frontier Simply Unlimited		64.99
Frontier Simply Unlimited		64.99
Frontier Simply Unlimited		64.99
Carrier Cost Recovery Surcharge		5.99
Frontier Roadwork Recovery Surcharge		.90
Other Charges-Detailed Below		14.71
Partial Month Charges-Detailed Below		-115.00
Frontier Long Distance - Federal USF Surcharge		21.16
Federal USF Recovery Charge		8.85
CT State Tel Sales Tax		7.43
3 911 Surcharge		1.32
CT State Sales Tax		.93
3 CT Service Fund		.15
Federal Excise Tax		.03
Total Basic Charges		141.44
Non Basic Charges		
Broadband Max (7 M down - 1 M up)		99.99
Non-Published Listing		6.50
Speed Dial 30		6.50
Other Charges-Detailed Below		5.99
Partial Month Charges-Detailed Below		-70.00
CT State Tel Sales Tax		.82
Federal Excise Tax		.40
Total Non Basic Charges		50.20

TOTAL 191.64

** ACCOUNT ACTIVITY **

Qty Description	Order Number	Effective Dates	
1 Late Payment Fee		3/02	14.71
1 Business High Speed Internet Fee	AUTOCH	3/03	5.99
203/949-1603		Subtotal	20.70
Partial Month Charges			
Q3 DP Broadband			-70.00
Q3 DP Simply Unlimited			-40.00
203/265-6618		Subtotal	-110.00
Q3 DP Simply Unlimited			-35.00
203/949-1603		Subtotal	-35.00
Q3 DP Simply Unlimited			-40.00
203/949-1605		Subtotal	-40.00
		Subtotal	-164.30



Account Summary

New Charges Due Date	4/27/22
Billing Date	4/03/22
Account Number	203-949-1603-082812-5
PIN	3994
Previous Balance	572.02
Payments Received Thru 3/26/22	-380.38
Thank you for your payment!	
Balance Forward	191.64
New Charges	186.85
Total Amount Due	\$378.49



Reap the
Rewards of
your referrals

REFERRAL PROGRAM

Know a business that could use Frontier® Internet service?
Earn up to \$5,000 for each referral that signs up.

business.frontier.com/referral-program

Ways to Pay Your Bill



frontier.com/pay



800.801.6652



Auto Pay

frontier.com/SignUpForAutopay



6

Frontier

P.O. Box 709, South Windsor, CT 06074-9998

AB 01 000219 32561 H 1 A



HEALTHYCT INC
35 THORPE AVE
WALLINGFORD, CT 06492-1999

PAYMENT STUB

Total Amount Due **\$378.49**

New Charges Due Date 4/27/22

Account Number 203-949-1603-082812-5

Please do not send correspondence with your payment. Make checks payable to Frontier.

Amount Enclosed \$.

To change your billing address, call 1-800-921-8102

FRONTIER
P.O. Box 740407
CINCINNATI OH 45274-0407



536037203949160308281200000191640000378495



HEALTHYCT INC
 Date of Bill
 Account Number

Page 3 of 3
 4/03/22
 203-949-1603-082812-5

CURRENT BILLING SUMMARY

Local Service from 04/03/22 to 05/02/22

CUSTOMER TALK

Qty Description	203/949-1603.0	Charge
Basic Charges		
Frontier Simply Unlimited		64.99
Frontier Simply Unlimited		64.99
Frontier Simply Unlimited		64.99
Carrier Cost Recovery Surcharge		5.99
Frontier Roadwork Recovery Surcharge		.90
Other Charges-Detailed Below		11.87
Partial Month Charges-Detailed Below		-115.00
Frontier Long Distance - Federal USF Surcharge		20.00
Federal USF Recovery Charge		8.37
CT State Tel Sales Tax		7.30
3 911 Surcharge		1.32
CT State Sales Tax		.75
3 CT Service Fund		.15
Federal Excise Tax		.03
Total Basic Charges		136.65
Non Basic Charges		
Broadband Max (7 M down - 1 M up)		99.99
Non-Published Listing		6.50
Speed Dial 30		6.50
Other Charges-Detailed Below		5.99
Partial Month Charges-Detailed Below		-70.00
CT State Tel Sales Tax		.82
Federal Excise Tax		.40
Total Non Basic Charges		50.20

TOTAL 186.85

You may request an itemized bill for tariffed equipment and associated charges. Simply call Frontier at 1-800-921-8102 for an itemized copy of your bill or more information.

Printed copies of Frontier directories in Connecticut will now be provided upon customer request. Digital versions of your directory are accessible free of charge at frontier.com/whitepages and you can obtain a print copy of your local directory at no charge by calling 1-800-219-0085.

Beginning April 1, 2022, the Federal USF Recovery Charge and the Frontier Long Distance Federal USF Surcharge are decreasing from 25.2% to 23.8% of the taxable interstate and international portions of your phone bill. Both charges support the Universal Service Fund, which keeps local phone service affordable for all Americans by providing discounts on services to schools, libraries, and people living in rural and high-cost areas.

Effective with your next bill, the Carrier Cost Recovery Surcharge will increase to \$8.99 per account. This is a Frontier-imposed surcharge. Questions? Please contact customer service.

**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Late Payment Fee		3/31	11.87
1 Business High Speed Internet Fee	AUTOCH	4/03	5.99
203/949-1603		Subtotal	17.86
Partial Month Charges			
Q3 DP Broadband			-70.00
Q3 DP Simply Unlimited			-40.00
203/265-6618		Subtotal	-110.00
Q3 DP Simply Unlimited			-35.00
203/949-1603		Subtotal	-35.00
Q3 DP Simply Unlimited			-40.00
203/949-1605		Subtotal	-40.00
		Subtotal	-167.14





HEALTHYCT INC
Your Monthly Invoice

Account Summary

New Charges Due Date	5/27/22
Billing Date	5/03/22
Account Number	203-949-1603-082812-5
PIN	3994
Previous Balance	378.49
Payments Received Thru 5/03/22	.00
Balance Forward	378.49
New Charges	193.79
Total Amount Due	\$572.28

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Ways to Pay Your Bill

-  frontier.com/pay
-  **800.801.6652**
-  **Auto Pay**
frontier.com/SignUpForAutoPay

1,6



P.O. Box 709, South Windsor, CT 06074-9998

AB 01 000196 64848 H 1 A



HEALTHYCT INC
35 THORPE AVE
WALLINGFORD, CT 06492-1999

PAYMENT STUB

Total Amount Due \$572.28

New Charges Due Date 5/27/22

Account Number 203-949-1603-082812-5

Please do not send correspondence with your payment. Make checks payable to Frontier.

Amount Enclosed \$.

To change your billing address, call 1-800-921-8102

FRONTIER
P.O. Box 740407
CINCINNATI OH 45274-0407



236079203949160308281200000378490000572285



HEALTHYCT INC
 Date of Bill
 Account Number

Page 3 of 3
 5/03/22
 203-949-1603-082812-5

CURRENT BILLING SUMMARY

Local Service from 05/03/22 to 06/02/22

Qty Description	203/949-1603.0	Charge
Basic Charges		
Frontier Simply Unlimited		64.99
Frontier Simply Unlimited		64.99
Frontier Simply Unlimited		64.99
Carrier Cost Recovery Surcharge		8.99
Frontier Roadwork Recovery Surcharge		.90
Other Charges-Detailed Below		14.68
Partial Month Charges-Detailed Below		-115.00
Frontier Long Distance - Federal USF Surcharge		20.71
Federal USF Recovery Charge		8.37
CT State Tel Sales Tax		7.54
3 911 Surcharge		1.32
CT State Sales Tax		.93
3 CT Service Fund		.15
Federal Excise Tax		.03
Total Basic Charges		143.59
Non Basic Charges		
Broadband Max (7 M down - 1 M up)		99.99
Non-Published Listing		6.50
Speed Dial 30		6.50
Other Charges-Detailed Below		5.99
Partial Month Charges-Detailed Below		-70.00
CT State Tel Sales Tax		.82
Federal Excise Tax		.40
Total Non Basic Charges		50.20

TOTAL 193.79

**** ACCOUNT ACTIVITY ****

Qty Description	Order Number	Effective Dates	
1 Late Payment Fee		5/01	14.68
1 Business High Speed Internet Fee	AUTOCH	5/03	5.99
203/949-1603		Subtotal	20.67
Partial Month Charges			
Q3 DP Broadband			-70.00
Q3 DP Simply Unlimited			-40.00
203/265-6616		Subtotal	-110.00
Q3 DP Simply Unlimited			-35.00
203/949-1603		Subtotal	-35.00
Q3 DP Simply Unlimited			-40.00
203/949-1605		Subtotal	-40.00
		Subtotal	-164.33

CUSTOMER TALK

Effective with this bill, the Carrier Cost Recovery Surcharge has increased to \$8.99 per account. This is a Frontier-imposed surcharge. Questions? Please contact customer service.



Check Remittance

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
INFOMINE	INFORMATION MINE INC	INFORMATION MINE INC	PMT00000028672	3/21/2022	21446		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030155	20211231	12/31/2021	\$1,500.00	\$1,500.00	\$0.00	\$0.00	\$1,500.00
VCH030192	20220131	1/31/2022	\$1,514.97	\$1,514.97	\$0.00	\$0.00	\$1,514.97
VCH030205	20220228	2/28/2022	\$1,500.00	\$1,500.00	\$0.00	\$0.00	\$1,500.00
Totals			\$4,514.97	\$4,514.97	\$0.00	\$0.00	\$4,514.97

Information Mine Inc

December 31, 2021

Invoice # 20211231

Client:
Mr. Christopher Masi
Chief Financial Officer
HealthyCT, Inc.
35 Thorpe Ave
Wallingford, CT 06492

Project Status:
Interim Billing

Project Description:
Accounting Services

Service Date:
December 1 to December 31, 2021

Pricing Terms Agreed Upon:
\$ 1,500.00

Accounting Services	1,500.00
---------------------	----------

Expenses	-
----------	---

Amount Due this Invoice	1,500.00
--------------------------------	-----------------

Please make check payable to:
Information Mine Inc
30 Broadway Suite 204-206
Kingslon NY 12401

Please Remit Payment Upon Receipt

Information Mine Inc

January 31, 2022

Invoice # 20220131

Client:

Mr. Christopher Masi
Chief Financial Officer
HealthyCT, Inc.
35 Thorpe Ave
Wallingford, CT 06492

Project Status:

Interim Billing

Project Description:

Accounting Services

Service Date:

January 1 to January 31, 2022

Pricing Terms Agreed Upon:

\$ 1,500.00

Accounting Services	1,500.00
Expenses	14.97
Amount Due this Invoice	1,514.97

Please make check payable to:

Information Mine Inc
30 Broadway Suite 204-206
Kingston NY 12401

Please Remit Payment Upon Receipt

Information Mine Inc

February 28, 2022

Invoice # 20220228

Client:
Mr. Christopher Masi
Chief Financial Officer
HealthyCT, Inc.
35 Thorpe Ave
Wallingford, CT 06492

Project Status:
Interim Billing

Project Description:
Accounting Services

Service Date:
February 1 to February 28, 2022

Pricing Terms Agreed Upon:
\$ 1,500.00

Accounting Services	1,500.00
---------------------	----------

Expenses	-
----------	---

Amount Due this Invoice	1,500.00
--------------------------------	-----------------

Please make check payable to:
Information Mine Inc
30 Broadway Suite 204-206
Kingston NY 12401

Please Remit Payment Upon Receipt

Check Remittance

Page: 1/1

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
INFOMINE	INFORMATION MINE INC	INFORMATION MINE INC	PMT00000028704	5/25/2022	21456		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030233	20220331	3/31/2022	\$1,500.00	\$1,500.00	\$0.00	\$0.00	\$1,500.00
VCH030264	20220430	4/30/2022	\$1,500.00	\$1,500.00	\$0.00	\$0.00	\$1,500.00
Totals			\$3,000.00	\$3,000.00	\$0.00	\$0.00	\$3,000.00

Information Mine Inc

April 30, 2022

Invoice # 20220430

Client:

Mr. Christopher Masi
Chief Financial Officer
HealthyCT, Inc.
35 Thorpe Ave
Wallingford, CT 06492

Project Status:

Interim Billing

Project Description:

Accounting Services

Service Date:

April 1 to April 30, 2022

Pricing Terms Agreed Upon:

\$ 1,500.00

Accounting Services	1,500.00
---------------------	----------

Expenses	-
----------	---

Amount Due this Invoice	1,500.00
--------------------------------	-----------------

Please make check payable to:

Information Mine Inc
30 Broadway Suite 204-206
Kingston NY 12401

Please Remit Payment Upon Receipt

Information Mine Inc

March 31, 2022

Invoice # 20220331

Client:
Mr. Christopher Masi
Chief Financial Officer
HealthyCT, Inc.
35 Thorpe Ave
Wallingford, CT 06492

Project Status:
Interim Billing

Project Description:
Accounting Services

Service Date:
March 1 to March 31, 2022

Pricing Terms Agreed Upon:
\$ 1,500.00

Accounting Services	1,500.00
---------------------	----------

Expenses	-
----------	---

Amount Due this Invoice	1,500.00
--------------------------------	-----------------

Please make check payable to:
Information Mine Inc
30 Broadway Suite 204-206
Kingston NY 12401

Please Remit Payment Upon Receipt

Check Remittance

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
PITNEYBOWES	PITNEY BOWES SALES	PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC	PMT00000028675	3/21/2022	21448		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030171	3315044545	1/7/2022	\$513.58	\$513.58	\$0.00	\$0.00	\$513.58
VCH030204	3315223134	2/14/2022	\$32.00	\$32.00	\$0.00	\$0.00	\$32.00
Totals			\$545.58	\$545.58	\$0.00	\$0.00	\$545.58

Lease invoice# 3315044545

January 7, 2022

SUMMARY OF YOUR CHARGES	
Leasing charges	\$451.59
ValueMax® charges	\$36.00
Total tax	\$25.99
TOTAL DUE 02/10/2022	\$513.58
<i>See reverse side for invoice details.</i>	

PAYMENT INFORMATION
Payment of \$513.58 is due by February 10, 2022



Never need to pick up the phone again. Sign up to "Your Account" to manage everything online.
pitneybowes.com/us/signupnow



Start using "Your Account" today to manage everything online, including AutoPay.
pitneybowes.com/us/payonlinenow



Get immediate answers to your questions.
pitneybowes.com/us/answers

For Billing and Account Support call: 844-256-6444

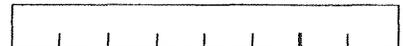
NEW: Check your lease contract details at pitneybowes.com/us/contract
--

To pay by mail, complete and send the coupon below. Please allow 7-10 business days for mail and processing time.

Pitney Bowes
2225 American Drive
Neenah, WI 54956-1005
0601010036880000100101072022

Pitney Bowes payment coupon
If you've chosen to pay by mail, please include this payment coupon with your payment.

Account #: 0017143714
Invoice date Jan 7, 2022
Payment amount due: **\$513.58**
Invoice # 3315044545
Due date Feb 10, 2022



2000001714371483315044545100005135801

0017143714

PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC
PO BOX 371887
PITTSBURGH PA 15250-7887

HEALTHY CT
SALLY HOLDEN
35 THORPE AVE
STE 104
WALLINGFORD CT 06492-1948



Account number: 0017143714
Account name: HEALTHY CT

Late fee invoice# 3315223134

February 14, 2022

SUMMARY OF YOUR CHARGES	
Late fees	\$32.00
Total tax	\$0.00
Total DUE ON RECEIPT	\$32.00
<i>See reverse side for invoice details.</i>	

PAYMENT INFORMATION PAYMENT DUE ON RECEIPT
--

Important message: You were assessed a late fee. We're here to help.

Sign up for AutoPay and your future payments will always be on time.



Enter this link into your browser:
pitneybowes.com/us/getautopay

Get immediate answers to your questions.
pitneybowes.com/us/answers
For Billing and Account Support call: 844-256-6444

***** COMING SOON *****

Pitney Bowes is changing the bank we use to process payments. For further information on how this will affect the way you pay your bill go to pb.com/bankchange

PLEASE READ CAREFULLY

- Please pay any past due invoices and pay all future invoices by the due date to avoid additional late fees being assessed.
- To see all past due invoices go to pitneybowes.us/signin

To pay by mail, complete and send the coupon below. Please allow 7-10 business days for mail and processing time.

Page 1 of 2

TAX ID 20-1344287

Tear off here

N-000972

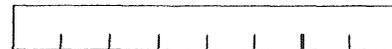
Pitney Bowes
2225 American Drive
Neenah, WI 54956

060401000972000010010214.2022

Pitney Bowes payment coupon
If you've chosen to pay by mail, please include this payment coupon with your payment.

Account #: 0017143714
Invoice date Feb 14, 2022
Payment amount due: \$32.00

Invoice # 3315223134
Due date Due on receipt



2000001714371483315223134700000320006

0017143714

PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC
PO BOX 371887
PITTSBURGH PA 15250-7887

HEALTHY CT
35 THORPE AVE
STE 104
WALLINGFORD CT 06492-1948

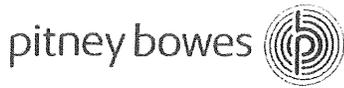
Change of address/contact information?
Please update at pitneybowes.com/us/support/addresschange.

Check Remittance

Page: 1/1

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
PITNEYBOWES	PITNEY BOWES SALES	PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC	PMT00000028706	5/25/2022	21458		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030226	3315386468	3/14/2022	\$32.00	\$32.00	\$0.00	\$0.00	\$32.00
VCH030243	3315556103	4/6/2022	\$513.58	\$513.58	\$0.00	\$0.00	\$513.58
Totals			\$545.58	\$545.58	\$0.00	\$0.00	\$545.58



Account number: 0017143714
Account name: HEALTHY CT

Late fee invoice# 3315386468

March 14, 2022

SUMMARY OF YOUR CHARGES	
Late fees	\$32.00
Total tax	\$0.00
Total DUE ON RECEIPT	\$32.00
<i>See reverse side for invoice details.</i>	

PAYMENT INFORMATION PAYMENT DUE ON RECEIPT

Important message: You were assessed a late fee. We're here to help.

Sign up for AutoPay and your future payments will always be on time.



Enter this link into your browser:
pitneybowes.com/us/getautopay

***** COMING SOON *****

Pitney Bowes is changing the bank we use to process payments. For further information on how this will affect the way you pay your bill go to pb.com/bankchange

PLEASE READ CAREFULLY

- Please pay any past due invoices and pay all future invoices by the due date to avoid additional late fees being assessed.
- To see all past due invoices go to pitneybowes.us/signin

Get immediate answers to your questions.
pitneybowes.com/us/answers
For Billing and Account Support call: 844-256-6444

To pay by mail, complete and send the coupon below. Please allow 7-10 business days for mail and processing time.

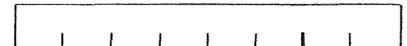
Pitney Bowes
2225 American Drive
Neeah, WI 54956

060401001552000010010314.2022

Pitney Bowes payment coupon
If you've chosen to pay by mail, please include this payment coupon with your payment.

Account #: 0017143714
Invoice date Mar 14, 2022
Payment amount due: **\$32.00**

Invoice # 3315386468
Due date Due on receipt



2000001714371483315386468200000320008

0017143714

PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC
PO BOX 371887
PITTSBURGH PA 15250-7887

HEALTHY CT
35 THORPE AVE
STE 104
WALLINGFORD CT 06492-1948

Lease invoice# 3315556103

April 6, 2022

SUMMARY OF YOUR CHARGES	
Leasing charges	\$451.59
ValueMax® charges	\$36.00
Total tax	\$25.99
TOTAL DUE 05/10/2022	\$513.58
<i>See reverse side for invoice details.</i>	

***** IMPORTANT INFORMATION *****
Pitney Bowes has changed the address where you send your payments. For further information on how this will affect the way you pay your bill go to pb.com/bankchange

PAYMENT INFORMATION

Payment of \$513.58 is due by May 10, 2022



Sign up.

Never need to pick up the phone again. Sign up to "Your Account" to manage everything online.
pitneybowes.com/us/signupnow



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pitneybowes.com/us/payonlinenow



Questions?

Get immediate answers to your questions.
pitneybowes.com/us/answers

For Billing and Account Support call: 844-256-6444

NEW: Check your lease contract details at
pitneybowes.com/us/contract

To pay by mail, complete and send the coupon below. Please allow 7-10 business days for mail and processing time.

Page 1 of 2

TAX ID 20-1344287

Tear off here

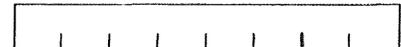
N-003519

Pitney Bowes
2225 American Drive
Neenah, WI 54956-1005
0601010035190000100104062022

Pitney Bowes payment coupon
If you've chosen to pay by mail, please include this payment coupon with your payment.

Account #: 0017143714
Invoice date Apr 6, 2022
Payment amount due: \$513.58

Invoice # 3315556103
Due date May 10, 2022



2000001714371483315556103900005135801

0017143714

PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC
PO BOX 981022
BOSTON MA 02298 - 1022

HEALTHY CT
SALLY HOLDEN
35 THORPE AVE
STE 104
WALLINGFORD CT 06492-1948

Change of address/contact information?
Please update at pitneybowes.com/us/support/addresschange.

Check Remittance

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
SHREDDINGSOURCE	THE SHREDDING SOURCE INC	THE SHREDDING SOURCE INC	PMT00000028676	3/21/2022	21449		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030156	1255122021	12/20/2021	\$97.58	\$97.58	\$0.00	\$0.00	\$97.58
VCH030182	1255011722	1/17/2022	\$97.58	\$97.58	\$0.00	\$0.00	\$97.58
VCH030206	1255022122	2/21/2022	\$105.62	\$105.62	\$0.00	\$0.00	\$105.62
Totals			\$300.78	\$300.78	\$0.00	\$0.00	\$300.78



PO BOX 305
GUILFORD, CT 06437

HEALTHY CT
35 Thorpe Ave Ste 201
Wallingford, CT 06492-1948

Invoice

1255122021

Date
12/20/2021

Terms
Due on receipt

P.O. No.

lauren@shreddingsource.com

Billing Inquiries

203-444-7797

Main Office 203 458 7667
Fax # 203 453 8519

We accept credit cards

QTY	ITEM	Description	Rate	Amount
1	64 GAL CART	CONFIDENTIAL SHREDDING	84.95	84.95T
1	8% Fuel Surcharge		6.796	6.80T
Certificate of Destruction/Cerificate of Recycling			Subtotal	\$91.75
Confidential documents- shred & recycled Hard drives- shred and recycled Ewaste- collected and transported for recycling			Sales Tax (6.35%)	\$5.83
			Total	\$97.58

Balances over 60 days may be subject to a finance charge of 1.25% per month

Veteran Owned



PO BOX 305
GUILFORD, CT 06437

HEALTHY CT
35 Thorpe Ave Ste 201
Wallingford, CT 06492-1948

Invoice

1255011722

Date
1/17/2022

Terms
Due on receipt

P.O. No.

lauren@shreddingsource.com

Billing Inquiries

203-444-7797

Main Office 203 458 7667

Fax # 203 453 8519

We accept credit cards

QTY	ITEM	Description	Rate	Amount
1	64 GAL CART	CONFIDENTIAL SHREDDING	84.95	84.95T
1	8% Fuel Surcharge		6.796	6.80T
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			Total	\$97.58

Balances over 60 days may be subject to a finance charge of 1.25% per month

Veteran Owned



PO BOX 305
GUILFORD, CT 06437

HEALTHY CT
35 Thorpe Ave Ste 201
Wallingford, CT 06492-1948

Invoice

1255022122

Date
2/21/2022

Terms
Due on receipt

P.O. No.

lauren@shreddingsource.com

Billing Inquiries

203-444-7797

Main Office 203 458 7667

Fax # 203 453 8519

We accept credit cards

QTY	ITEM	Description	Rate	Amount
1	64 GAL CART	CONFIDENTIAL SHREDDING	91.95	91.95T
1	8% Fuel Surcharge		7.356	7.36T
Certificate of Destruction/Cerificate of Recycling			Subtotal	\$99.31
Confidential documents- shred & recycled Hard drives- shred and recycled Ewaste- collected and transported for recycling			Sales Tax (6.35%)	\$6.31
			Total	\$105.62

Balances over 60 days may be subject to a finance charge of 1.25% per month

Veteran Owned

Check Remittance

Page: 1/1

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
SHREDDINGSOURCE	THE SHREDDING SOURCE INC	THE SHREDDING SOURCE INC	PMT00000028707	5/25/2022	21459		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030234	1255032122	3/21/2022	\$105.62	\$105.62	\$0.00	\$0.00	\$105.62
VCH030246	1255041822	4/18/2022	\$105.62	\$105.62	\$0.00	\$0.00	\$105.62
VCH030270	1255051622	5/16/2022	\$105.62	\$105.62	\$0.00	\$0.00	\$105.62
Totals			\$316.86	\$316.86	\$0.00	\$0.00	\$316.86



PO BOX 305
GUILFORD, CT 06437

HEALTHY CT
35 Thorpe Ave Ste 201
Wallingford, CT 06492-1948

Invoice

1255032122

Date
3/21/2022

Terms
Due on receipt

P.O. No.

lauren@shreddingsource.com

Billing Inquiries

203-444-7797

Main Office 203 458 7667

Fax # 203 453 8519

We accept credit cards

QTY	ITEM	Description	Rate	Amount
1	64 GAL CART	CONFIDENTIAL SHREDDING	91.95	91.95T
1	8% Fuel Surcharge		7.356	7.36T
Certificate of Destruction/Certificate of Recycling			Subtotal	\$99.31
Confidential documents- shred & recycled Hard drives- shred and recycled Ewaste- collected and transported for recycling			Sales Tax (6.35%)	\$6.31
			Total	\$105.62

Balances over 60 days may be subject to a finance charge of 1.25% per month

Veteran Owned



PO BOX 305
GUILFORD, CT 06437

HEALTHY CT
35 Thorpe Ave Ste 201
Wallingford, CT 06492-1948

Invoice

1255041822

Date
4/18/2022

Terms
Due on receipt

P.O. No.

lauren@shreddingsource.com

Billing Inquiries

203-444-7797

Main Office 203 458 7667

Fax # 203 453 8519

We accept credit cards

QTY	ITEM	Description	Rate	Amount
1	64 GAL CART	CONFIDENTIAL SHREDDING	91.95	91.95T
1	8% Fuel Surcharge		7.356	7.36T
Certificate of Destruction/Cerificate of Recycling			Subtotal	\$99.31
Confidential documents- shred & recycled Hard drives- shred and recycled Ewaste- collected and transported for recycling			Sales Tax (6.35%)	\$6.31
			Total	\$105.62

Balances over 60 days may be subject to a finance charge of 1.25% per month

Veteran Owned



PO BOX 305
GUILFORD, CT 06437

HEALTHY CT
35 Thorpe Ave Ste 201
Wallingford, CT 06492-1948

Invoice

1255051622

Date
5/16/2022

Terms
Due on receipt

P.O. No.

lauren@shreddingsource.com

Billing Inquiries

203-444-7797

Main Office 203 458 7667

Fax # 203 453 8519

We accept credit cards

QTY	ITEM	Description	Rate	Amount
1	64 GAL CART	CONFIDENTIAL SHREDDING	91.95	91.95T
1	8% Fuel Surcharge		7.356	7.36T
Certificate of Destruction/Certificate of Recycling			Subtotal	\$99.31
Confidential documents- shred & recycled Hard drives- shred and recycled Ewaste- collected and transported for recycling			Sales Tax (6.35%)	\$6.31
			Total	\$105.62

Balances over 60 days may be subject to a finance charge of 1.25% per month

Veteran Owned

Check Remittance

Page: 1/1

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
IRONMOUNTAIN	IRON MOUNTAIN	IRON MOUNTAIN	PMT00000028673	3/21/2022	21447		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030183	DZVY768	10/31/2021	\$293.15	\$293.15	\$0.00	\$0.00	\$293.15
VCH030157	GDRT726	12/31/2021	\$293.15	\$293.15	\$0.00	\$0.00	\$293.15
VCH030196	GHP053	1/31/2022	\$293.15	\$293.15	\$0.00	\$0.00	\$293.15
VCH030207	GJSM859	2/28/2022	\$293.15	\$293.15	\$0.00	\$0.00	\$293.15
Totals			\$1,172.60	\$1,172.60	\$0.00	\$0.00	\$1,172.60



1101 Enterprise Dr
Royersford, PA 19468

Direct Questions To: <http://ironmountain.com/support> - click "Contact Support"

HEALTHY CT, INC.
SALLY ANN HOLDEN
35 THORPE AVENUE
SUITE 102
WALLINGFORD, CT 06492

Invoice

Account Overview

Invoice Number: DZVY768
 Invoice Date: 10/31/2021
 Storage Period: 11/01/2021 - 11/30/2021
 Service Period: 09/22/2021 - 10/26/2021
 Customer ID/Name: 23J8S/HEALTHY CT, INC.

Due By: 11/30/2021

New Charges

Storage	262.90
Service	30.25
Supplies	0.00
Other Charges	0.00
Tax	0.00

INVOICE AMOUNT DUE **\$293.15**

LEGEND:

- When paying by check please include applicable customer ID(s), invoice number(s) and invoice amount(s)
- If applicable, Balance Activity does not reflect any payment received that has not or could not be applied to open invoices.
- Storage is billed in advance and may include prorated storage charges for the current period*
- Services are billed in arrears*
- If applicable, adjustment amount includes credits, debits and other adjustments made by the specified date.
- Payment is due per contract Net terms from the invoice date

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HEALTHY CT, INC.
SALLY ANN HOLDEN
35 THORPE AVENUE
SUITE 102
WALLINGFORD, CT 06492

Invoice

Account Overview

Invoice Number:	GDRT726
Invoice Date:	12/31/2021
Storage Period:	01/01/2022 - 01/31/2022
Service Period:	11/23/2021 - 12/21/2021
Customer ID/Name:	23J8S/HEALTHY CT, INC.

Due By:	01/30/2022
---------	------------

New Charges

Storage	262.90
Service	30.25
Supplies	0.00
Other Charges	0.00
Tax	0.00

INVOICE AMOUNT DUE	\$293.15
---------------------------	-----------------

LEGEND:

- When paying by check please include applicable customer ID(s), invoice number(s) and invoice amount(s)
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2 Sun Court
Norcross, GA 30092

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HEALTHY CT, INC.
SALLY ANN HOLDEN
35 THORPE AVENUE
SUITE 102
WALLINGFORD, CT 06492

Invoice

Account Overview

Invoice Number: GHHP053
 Invoice Date: 01/31/2022
 Storage Period: 02/01/2022 - 02/28/2022
 Service Period: 12/22/2021 - 01/25/2022
 Customer ID/Name: 23J8S/HEALTHY CT, INC.

Due By: 03/02/2022

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New Charges

Storage	262.90
Service	30.25
Supplies	0.00
Other Charges	0.00
Tax	0.00

INVOICE AMOUNT DUE **\$293.15**

LEGEND:

- When paying by check please include applicable customer ID(s), invoice number(s) and invoice amount(s)
- If applicable, Balance Activity does not reflect any payment received that has not or could not be applied to open invoices.
- Storage is billed in advance and may include prorated storage charges for the current period*
- Services are billed in arrears*
- If applicable, adjustment amount includes credits, debits and other adjustments made by the specified date.
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PO BOX 27128
NEW YORK, NY 10087-7128



Customer ID/Name: 23J8S/HEALTHY CT, INC.

Invoice Number:
Invoice Date:

GHHP053
01/31/2022

Description	Qty	Rate	Amount
MNTHLY MN STRG CHRГ 02/01/2022	1.00	65.910	65.91
STORAGE,REGULAR 02/01/2022	273.60	0.720	196.99
TOTAL STORAGE			262.90
SIMPLE SERVICE BUNDLE	1.00	30.250	30.25
TOTAL SERVICE			30.25
Sub Total			293.15
INVOICE AMOUNT DUE			293.15

Balance Activity Summary as of 01/25/2022

Previous Balance	879.45
Adjustments	
Payments applied by 01/25/2022	(293.15)
Adjustments as of 01/25/2022	<u>0.00</u>
** Balance as of 01/25/2022	\$586.30
Current Invoice Amount	<u>293.15</u>
Total Balance	\$879.45

** If the balance as of 01/25/2022 has already been paid, thank you for your payment



2 Sun Court
Norcross, GA 30092

Direct Questions To: <http://ironmountain.com/support> - click "Contact Support"

HEALTHY CT, INC.
SALLY ANN HOLDEN
35 THORPE AVENUE
SUITE 102
WALLINGFORD, CT 06492

Invoice

Account Overview

Invoice Number: GJSM859
 Invoice Date: 02/28/2022
 Storage Period: 03/01/2022 - 03/31/2022
 Service Period: 01/26/2022 - 02/22/2022
 Customer ID/Name: 23J8S/HEALTHY CT, INC.

Due By: 03/30/2022

New Charges

Storage	262.90
Service	30.25
Supplies	0.00
Other Charges	0.00
Tax	0.00

INVOICE AMOUNT DUE \$293.15

LEGEND:

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TKP QRB QFW

SUBMIT PAYMENTS TO: IRON MOUNTAIN
PO BOX 27128
NEW YORK, NY 10087-7128

Check Remittance

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
IRONMOUNTAIN	IRON MOUNTAIN	IRON MOUNTAIN	PMT00000028705	5/25/2022	21457		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030235	GLLZ850	3/31/2022	\$293.15	\$293.15	\$0.00	\$0.00	\$293.15
VCH030269	GMRX551	4/30/2022	\$293.15	\$293.15	\$0.00	\$0.00	\$293.15
Totals			\$586.30	\$586.30	\$0.00	\$0.00	\$586.30



2 Sun Court
Norcross, GA 30092

Direct Questions To: <http://ironmountain.com/support> - click "Contact Support"

HEALTHY CT, INC.
SALLY ANN HOLDEN
35 THORPE AVENUE
SUITE 102
WALLINGFORD, CT 06492

Invoice

Account Overview

Invoice Number: GLLZ850
 Invoice Date: 03/31/2022
 Storage Period: 04/01/2022 - 04/30/2022
 Service Period: 02/23/2022 - 03/22/2022
 Customer ID/Name: 23J8S/HEALTHY CT, INC.

Due By: 04/30/2022

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New Charges

Storage	262.90
Service	30.25
Supplies	0.00
Other Charges	0.00
Tax	0.00

INVOICE AMOUNT DUE **\$293.15**

LEGEND:

- When paying by check please include applicable customer ID(s), invoice number(s) and invoice amount(s)
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- Services are billed in arrears*
- If applicable, adjustment amount includes credits, debits and other adjustments made by the specified date.
- Payment is due per contract Net terms from the invoice date

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Norcross, GA 30092

Direct Questions To: <http://ironmountain.com/support> - click "Contact Support"

HEALTHY CT, INC.
SALLY ANN HOLDEN
35 THORPE AVENUE
SUITE 102
WALLINGFORD, CT 06492

Invoice

Account Overview

Invoice Number: GMRX551
 Invoice Date: 04/30/2022
 Storage Period: 05/01/2022 - 05/31/2022
 Service Period: 03/23/2022 - 04/26/2022
 Customer ID/Name: 23J8S/HEALTHY CT, INC.

Due By: 05/30/2022

New Charges

Storage	262.90
Service	30.25
Supplies	0.00
Other Charges	0.00
Tax	0.00

INVOICE AMOUNT DUE \$293.15

LEGEND:

- When paying by check please include applicable customer ID(s), invoice number(s) and invoice amount(s)
- If applicable, Balance Activity does not reflect any payment received that has not or could not be applied to open invoices.
- Storage is billed in advance and may include prorated storage charges for the current period*
- Services are billed in arrears*
- If applicable, adjustment amount includes credits, debits and other adjustments made by the specified date.
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TKP QRB QFW

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PO BOX 27128
NEW YORK, NY 10087-7128

Check Remittance

HealthyCT, Inc.
35 Thorpe Ave
Suite 104
Wallingford CT 06492

Vendor ID	Vendor Name	Check Name	Payment Number	Check Date	Check Number		
THEHARTFORD	THE HARTFORD INC	THE HARTFORD INC	PMT00000028678	3/21/2022	21451		
Our Voucher Number	Your Voucher Number	Date	Amount	Amount Paid	Discount	Writeoff	Net
VCH030195	20220110	1/10/2022	\$470.20	\$470.20	\$0.00	\$0.00	\$470.20
VCH030193	20220208	2/8/2022	\$505.20	\$505.20	\$0.00	\$0.00	\$505.20
Totals			\$975.40	\$975.40	\$0.00	\$0.00	\$975.40



THE HARTFORD

Billing Company:
Hartford Fire Insurance Company

Insurance Bill

Bill Date: 01/10/22

Pay The Minimum By The Due Date

Bill Account Number	13983462
Due Date	02/01/22
Minimum Due	\$470.20
Balance	\$4,167.80

Need Help?

Visit business.thehartford.com to pay bills, view policy documents, get certificates, and more.

Talk to us online using live chat, or call us at 1-866-467-8730 weekdays from 8:00 AM to 8:00 PM ET.

Your Upcoming Bill Installments

Due Date	Minimum Due*
02/01/22	\$470.20
03/01/22	\$470.20
04/01/22	\$470.20
05/01/22	\$470.20
06/01/22	\$470.20
07/01/22	\$470.20
08/01/22	\$470.20
09/01/22	\$470.20
10/01/22	\$470.20

*Includes a \$8.00 Installment fee. You can avoid installment fees by paying your full balance by the due date.

Named Insured: HEALTHYCT INC
Agent: BROWN & BROWN OF CT INC

009096 1/2

Important Messages:

- Please make sure to pay the minimum due by the due date on your invoice. Otherwise, you'll be charged a \$35.00 late fee.

Pay your bill online at business.thehartford.com. Make a one-time payment, or sign up for Autopay and never worry about missing a payment.

Please detach here and insert with your payment. Write the account number on the check and make payable to The Hartford.

Account Number: 13983462

Amount Enclosed: _____

Payment Due Date	02/01/22
Minimum Due	\$470.20
Balance	\$4,167.80

Mail Payments To:

The Hartford
P O Box 660916
Dallas, TX 75266-0916

AB 01 009096 40870 B 34 A

HEALTHYCT INC
35 THORPE AVE STE 104
WALLINGFORD, CT 06492-1948



0213983462370248550000004702000000416780810005



PAST DUE INSURANCE BILL

Bill Date: 02/08/22

THE HARTFORD
Billing Company:
Hartford Fire Insurance Company

Pay The Minimum By The Due Date

Table with 2 columns: Bill Account Number, Due Date, Minimum Due, Balance. Values: 13983462, 02/23/22, \$975.40, \$4,210.80

Need Help?

Visit business.thehartford.com to pay bills, view policy documents, get certificates, and more.

Talk to us online using live chat, or call us at 1-866-467-8730 weekdays from 8:00 AM to 8:00 PM ET.

Your Upcoming Bill Installments

Table with 2 columns: Due Date, Minimum Due*. Values range from 02/23/22 to 10/01/22 with amounts from \$975.40 to \$470.20

Named Insured: HEALTHYCT INC
Agent: BROWN & BROWN OF CT INC

*Includes a \$8.00 Installment fee. You can avoid installment fees by paying your full balance by the due date.

Important Messages:

- You're currently being billed on equal installments. Please make a payment by the due date to keep this billing plan.
Please make sure to pay the minimum due by the due date on your invoice. Otherwise, you'll be charged a \$35.00 late fee.

Pay your bill online at business.thehartford.com Make a one-time payment, or sign up for Autopay and never worry about missing a payment.

Please detach here and insert with your payment. Write the account number on the check and make payable to The Hartford.

Account Number: 13983462

Amount Enclosed: _____

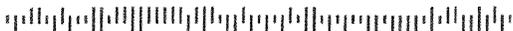
Summary table with 2 columns: Field, Value. Fields: Payment Due Date, Minimum Due, Balance. Values: 02/23/22, \$975.40, \$4,210.80

Mail Payments To:

The Hartford
P O Box 660916
Dallas, TX 75266-0916

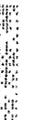
AB 01 002613 72213 H 11 A

HEALTHYCT INC
35 THORPE AVE STE 104
WALLINGFORD, CT 06492-1948



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002613 1/2





Check/Payment Request

Date Request Submitted **6/23/2022**
 PAYABLE TO : Vendor Cal Business Solutions Inc.
 Total Amount Due: \$1,980.00

Services Month JUN
Posting Month JUN
Bus Type Indiv Small Group Large Group

PAYMENT APPROVAL

Prepared By: SAH _____

Approval: _____

Bank Account _____

FORWARD TO
 Address or Payment Routing No. 200 Birge Park Road
 City, State, Zip or Account No. Harwinton, CT 06791-1909

DATE NEEDED upon receipt OVERNIGHT - 6/24/22

Invoice Date	Invoice No	Service Provided	Milestone Activity	GL Natur Acct	GI Dept	Amount
4/15/2022	INS2204033	Business Ready Advantage Plan		14000-Prepaid expenses	000-Dept NA	\$1,980.00
		Annual Microsoft Dynamics GP 18% Advantage Plan RENEWAL				
		coverage 1 year 6/14/22 - 6/13/23				
		HCT will owe lapse fees in addition to this invoice.				
						\$ 1,980.00

PLEASE SUBMIT WITH ASSOCIATED INVOICE, ATTACHED.

ACCOUNTING DEPT.

Date Rec'vd: _____
 Rec'vd by : _____

Confirmation on Coding

Entered By _____
 Milestone Coding _____
 GL Coding _____
 Posting Month _____

Profs _____
 Breakout Balanced _____



200 Birge Park Road
 Harwinton, CT 06791-1931
 Enhancement Renewal Enclosed

Renewal Invoice

Due By 06/04/2022

Coverage = 1 Year

PLEASE ALLOW 7 DAYS for payment to reach us BY DUE DATE!

Your renewal is based on the SOFTWARE PROTECTED LIST PRICE of:

\$11,000.00

Christopher Masi
 HealthyCT, Inc.
 35 Thorpe Avenue
 Wallingford, CT 06492

Invoice Date: 04/15/2022
 Invoice Number: INS2204033
 PO Number:
 Renewal ID: MQ1902172-00004
 Start Date: 06/14/2022
 End Date: 06/13/2023

Renewal Items	Amount
Annual Microsoft Dynamics GP 18% Advantage Plan RENEWAL -	\$1,980.00

<p>*NOTE*</p> <p>This invoice is for the same Plan as selected last year. See alternative Plans below. Contact CAL if you would like to select a different Plan. CAL Business Solutions Inc. Call 860.485.0910 x 101 E-mail: renewals@calszone.com</p>	<p>Sub-Total: \$1,980.00</p> <p>Tax Amount: \$0.00</p> <p>Total Due: \$1,980.00</p>
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All Dynamics GP Enhancement Plan Renewal Options

<p>Enhancement Plan: Renews at 16% of Software Protected List Price Annually</p> <ul style="list-style-type: none"> • Upgrade software (not services), product releases, service packs, hot fixes, regulatory / tax updates <ul style="list-style-type: none"> • Investment Protection: Protected list price, Transition Investment Credit • Access to CustomerSource Online Portal, Knowledge Base and other helpful documentation <p>Advantage Plan: Renews at 18% of Software Protected List Price Annually</p> <ul style="list-style-type: none"> • Includes all of the Enhancement Plan Benefits above, PLUS: <ul style="list-style-type: none"> • Six (6) problem resolution support incidents directly from Microsoft w/3-hour response time; <ul style="list-style-type: none"> • Managed communities and support forums <p>Advantage Plus Plan: Renews at 25% of Software Protected List Price Annually</p> <ul style="list-style-type: none"> • Includes all of the Plan Benefits above, PLUS: <ul style="list-style-type: none"> • Unlimited 1:1 Technical Support directly from Microsoft <ul style="list-style-type: none"> • 24x7 support for Critical cases
