

SMITHBUCKLIN
Accreditation and Certification Services

Bill To: Association of Pediatric Gastroenterology and Nutrition Nurses
Attn: Lindsay Wilson
600 N. Wolfe St., Brady 320
Baltimore, MD 21287-2631

Detailed Invoice
Invoice # INV0000000090673
Date 08/01/2010
Client 3099-APGNN

	<u>Project Name/Expense Description</u>	<u>Reference</u>	<u>Amount</u>
	Evaluation System - 08/01/10		1,500.00
Sub Total	3099 APGNN 2010 Accreditation Fees		1,500.00

Invoice Total \$1,500.00

12d clk# 1291

All Invoices are due 30 days after invoice date
Please remit payment to: SmithBucklin Corporation, 3185 Paysphere Circle, Chicago, IL 60647
Billing Inquiries: Phone: (312) 644-6610 Fax: (312) 321-6846 Email: ar@smithbucklin.com



Powered by HARLAND CLARKE

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✓ Thank You. Your order has been received and is being processed.

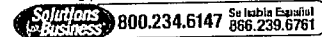
Item Details	Item Price	Shipping Method	Shipping & Handling	Quantity	Price
Commercial Check: General Purpose BA Blue Intro Kit Duplicate Reorder Font: Standard Personalization: APGNN INC 1501 BETHLEHEM PIKE FLOURTOWN PA 19031-1915	\$29.32	Non-Trackable Standard/Bulk (Slowest) Estimated Delivery 12/16/2010 Shipping Address: SHARI HUFFMAN 964 N WOODBRIDGE HOLLOW RD JACKSONVILLE, FL 32218-6144	\$11.33	150	\$40.65

Subtotal:	\$40.65
Tax:	\$3.35
Total Price:	\$44.00

[Print](#)[Log Out](#)**Order Notes**

- The total price shown will be automatically deducted from your account within 14 days
- Items ordered may ship separately and delivery days may vary

Checks ordered 12110
Entered QB 1216

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BUSINESS PRODUCTS

CUSTOMER SERVICE

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Thank You For Your Order



Your order has been received and is being processed. Please print this page for your records. For all personal check orders you will receive an online banking eAlert confirmation message to your email address on file.

Shipping Information

Shipping Name:
Shipping Name or Address:
Shipping Address:
Shipping Address:
City, State, Zip:

SHARI HUFFMAN
964 N WOODBRIDGE HOLLOW RD

JACKSONVILLE, FL 32218-6144

Item Details	Item Price	Shipping Method	Shipping	Estimated Delivery	Quantity	Price
Deposit: DT8 Duplicate Loose Snap Set Deposit Ticket	\$30.48	Non-Trackable Standard/Bulk (Slowest)	\$0.00	12/21	200	\$30.48

[Continue Shopping](#)

Subtotal: \$30.48
Tax: \$2.52

Order Notes:

- The total price will be automatically deducted from your account within 14 days.
- Items ordered will ship separately and delivery days may vary.
- If you selected a secure and trackable shipping method you can visit this web site to check the status of your items ordered. A link to the carrier's web site will also be provided for your convenience.

TOTAL
\$33.00

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TESTED 07-DEC



Online Banking

Business Economy Chk - 8712: Account Activity











Balance Summary

\$52,351.24 Available Balance as of
today



































View: Today(December 1, 2010)

All transactions:













Date	Description	Type	Status	Amount	Available Balance
Amount included in Available Balance					
11/30/2010	Check 1275: Edit Details		C	-\$446.00	\$52,351.24
11/29/2010	Deposit		C	\$200.00	\$52,797.24 ✓
11/23/2010	CHECKCARD 1122 INTUIT *QB ONLINE 800-286-6800 CA 24692160326000357022542		C	-\$12.95	\$52,597.24 ✓
11/19/2010	Check 1287: Edit Details		C	-\$779.86	\$52,610.19 ✓
11/16/2010	Check 1286: Edit Details		C	-\$319.76	\$53,390.05 ✓
11/15/2010	CHECKCARD 1112 DELAWAREINC 8003452677 DE 24492150316849163220871		C	-\$44.00	\$53,709.81 ✓
11/15/2010	Check 1276: Edit Details		C	-\$100.00	\$53,753.81 ✓
11/09/2010	Check 1283: Edit Details		C	-\$172.32	\$53,853.81 ✓
11/08/2010	Check 1274: Edit Details		C	-\$200.00	\$54,026.13 ✓
11/08/2010	Check 1284: Edit Details		C	-\$636.80	\$54,226.13 ✓
11/04/2010	Deposit		C	\$300.00	\$54,862.93 ✓
11/03/2010	Check 1282: Edit Details		C	-\$120.00	\$54,562.93 ✓
11/03/2010	Check 1281: Edit Details		C	-\$1,000.00	\$54,682.93 ✓
Statement Period as of 10/30/2010					
10/29/2010	Check 1277: Edit Details		C	-\$50.00	\$55,682.93
10/29/2010	Check 1278: Edit Details		C	-\$100.00	\$55,732.93
10/28/2010	Counter Credit		C	\$120.00	\$55,832.93 ✓
10/28/2010	Counter Credit		C	\$500.00	\$55,712.93 ✓
10/28/2010	Counter Credit		C	\$10,400.00	\$55,212.93 ✓
10/27/2010	Check 1280: Edit Details		C	-\$250.00	\$44,812.93
10/25/2010	Check 1285: Edit Details		C	-\$103.35	\$45,062.93 ✓
10/25/2010	Check 1279: Edit Details		C	-\$500.00	\$45,166.28
10/06/2010	Deposit		C	\$150.00	\$45,666.28
Statement Period as of 10/01/2010					
09/30/2010	Check 1273: Edit Details		C	-\$210.00	\$45,516.28
09/30/2010	Deposit		C	\$75.00	\$45,726.28

04/15/2010	Deposit			\$300.00	\$44,985.99
04/12/2010	Deposit			\$75.00	\$44,685.99
04/07/2010	Deposit			\$75.00	\$44,610.99
04/07/2010	Deposit			\$2,562.50	\$44,535.99
04/06/2010	Deposit			\$225.00	\$41,973.49






















































Statement Period as of 04/01/2010

03/30/2010	Deposit			\$457.00	\$41,748.49
03/29/2010	Deposit			\$25.00	\$41,291.49
03/26/2010	Deposit			\$75.00	\$41,266.49
03/23/2010	Deposit			\$607.00	\$41,191.49
03/22/2010	Deposit			\$162.50	\$40,584.49
03/19/2010	Deposit			\$75.00	\$40,421.99
03/18/2010	Check 1260: Edit Details			-\$111.80	\$40,346.99
03/16/2010	Deposit			\$150.00	\$40,458.79
03/15/2010	Deposit			\$75.00	\$40,308.79
03/10/2010	Deposit			\$75.00	\$40,233.79
03/09/2010	Deposit			\$150.00	\$40,158.79
03/08/2010	Deposit			\$150.00	\$40,008.79
03/05/2010	Deposit			\$75.00	\$39,858.79
03/04/2010	Deposit			\$150.00	\$39,783.79
03/02/2010	Deposit			\$75.00	\$39,633.79
03/02/2010	Deposit			\$907.00	\$39,558.79
03/01/2010	Deposit			\$532.00	\$38,651.79

Statement Period as of 02/27/2010

02/25/2010	Deposit			\$2,100.00	\$38,119.79
02/24/2010	Deposit			\$75.00	\$36,019.79
02/24/2010	Deposit			\$275.00	\$35,944.79
02/22/2010	Deposit			\$150.00	\$35,669.79
02/19/2010	Deposit			\$150.00	\$35,519.79
02/18/2010	Deposit			\$75.00	\$35,369.79

¹ Available to cover debit transactions processed that night and for withdrawal the following business day, if no hold applied. If a hold is applied to a deposit after it is displayed, the date funds will be available will change. A hold is displayed as a separate transaction. After a hold is released, the held funds will be added to your Available Balance.

09/28/2010	CHECKCARD 0928 1-800- FLOWERS.COM,INC. 800-468-1141 NY 24692160271000044688833	 		-\$47.98	\$45,651.28
09/09/2010	Deposit			\$75.00	\$45,699.26
09/07/2010	Deposit			\$225.00	\$45,624.26
09/02/2010	Check 1272: Edit Details			-\$772.70	\$45,399.26
09/01/2010	Deposit			\$75.00	\$46,171.96
09/01/2010	Deposit			\$307.00	\$46,096.96
Statement Period as of 09/01/2010					
08/30/2010	CHECKCARD 0827 DELAWAREINC 8003452677 DE 24492150239849412337520			-\$25.00	\$45,789.96
08/27/2010	CHECKCARD 0826 DELAWARE CORP & TAX WEB 302-7393077 DE 24492800238118000103541			-\$25.00	\$45,814.96
08/12/2010	Deposit			\$225.00	\$45,839.96
08/06/2010	Deposit			\$225.00	\$45,614.96
08/04/2010	Deposit			\$75.00	\$45,389.96
08/04/2010	Deposit			\$2,800.00	\$45,314.96
Statement Period as of 07/31/2010					
07/16/2010	Deposit			\$150.00	\$42,514.96
07/13/2010	Counter Credit			\$75.00	\$42,364.96
07/07/2010	Deposit			\$366.00	\$42,289.96
Statement Period as of 07/01/2010					
06/29/2010	Deposit			\$75.00	\$41,923.96
06/23/2010	Deposit			\$75.00	\$41,848.96
06/22/2010	Deposit			\$75.00	\$41,773.96
06/17/2010	Deposit			\$75.00	\$41,698.96
06/16/2010	Check 1271: Edit Details			-\$550.00	\$41,623.96
06/15/2010	Deposit			\$125.00	\$42,173.96
06/07/2010	Check 1237: Edit Details			-\$200.00	\$42,048.96
06/07/2010	Deposit			\$75.00	\$42,248.96
06/01/2010	Check 1270: Edit Details			-\$621.80	\$42,173.96
Statement Period as of 05/29/2010					
05/25/2010	Deposit			\$75.00	\$42,795.76
05/18/2010	Check 1268: Edit Details			-\$348.30	\$42,720.76

¹ Available to cover debit transactions processed that night and for withdrawal the following business day, if no hold applied. If a hold is applied to a deposit after it is displayed, the date funds will be available will change. A hold is displayed as a separate transaction. After a hold is released, the held funds will be added to your Available Balance.



Online Banking

Business Economy Chk - 8712: Account Activity**Balance Summary**

\$52,351.24 Available Balance as of
today

View: Today(December 2, 2010)

All transactions:

Date ↓	Description	Type	Status	Amount	Available Balance
Amount included in Available Balance					
05/18/2010	Deposit			\$275.00	\$43,069.06
05/07/2010	Deposit			\$225.00	\$42,794.06
05/05/2010	Deposit			\$75.00	\$42,569.06
05/04/2010	Check 1267: Edit Details			-\$200.00	\$42,494.06
05/04/2010	Deposit			\$75.00	\$42,694.06
05/03/2010	CHECKCARD 0502 MAIN LINE TAXI BRIDGEPORT PA 24013390122017641545733			-\$48.00	\$42,619.06
05/03/2010	Check 1264: Edit Details			-\$329.40	\$42,667.06
Statement Period as of 05/01/2010					
04/30/2010	Deposit			\$75.00	\$42,996.46
04/29/2010	Check 1263: Edit Details			-\$83.74	\$42,921.46
04/29/2010	Check 1265: Edit Details			-\$321.62	\$43,005.20
04/28/2010	Deposit			\$75.00	\$43,326.82
04/27/2010	Check 1261: Edit Details			-\$232.00	\$43,251.82
04/27/2010	Check 1266: Edit Details			-\$249.40	\$43,483.82
04/27/2010	Deposit			\$75.00	\$43,733.22
04/26/2010	CHECKCARD 0422 DAKOTA PIZZA COMPANY WYNNEWOOD PA 24071050113158168802261			-\$45.09	\$43,658.22
04/26/2010	CHECKCARD 0424 PLATE ARDMORE PA 24801630114286000001159			-\$588.14	\$43,703.31
04/26/2010	Deposit			\$75.00	\$44,291.45
04/23/2010	CHECKCARD 0421 GENUARDIS STOR00030387 WYNNEWOOD PA 24164070112218012380950			-\$109.59	\$44,216.45
04/22/2010	CHECKCARD 0421 DAVES BEST LIMOUSINE SV 215-2881000 PA 24755420111161114739637			-\$138.00	\$44,326.04
04/22/2010	Check 1262: Edit Details			-\$646.95	\$44,464.04
04/22/2010	Deposit			\$62.50	\$45,110.99
04/19/2010	Deposit			\$62.50	\$45,048.49



Online Banking

Business Economy Chk - 8712: Account Activity**Balance Summary**

\$52,351.24 Available Balance as of
today

View: Today(December 2, 2010)

All transactions:

Date ▴	Description	Type	Status	Amount	Available Balance
Amount included in Available Balance					
02/17/2010	Check 1259: Edit Details			-\$5,364.85	\$35,294.79
02/17/2010	Deposit			\$225.00	\$40,659.64
02/16/2010	Deposit			\$350.00	\$40,434.64
02/12/2010	Deposit			\$75.00	\$40,084.64
02/02/2010	Check 1258: Edit Details			-\$690.20	\$40,009.64
Statement Period as of 01/30/2010					
01/21/2010	Deposit			\$375.00	\$40,699.84
01/21/2010	Deposit			\$5,004.65	\$40,324.84
01/20/2010	Deposit			\$75.00	\$35,320.19
01/08/2010	Check 1256: Edit Details			-\$850.00	\$35,245.19
01/07/2010	Check 1257: Edit Details			-\$934.40	\$36,095.19
01/05/2010	Deposit			\$75.00	\$37,029.59

¹ Available to cover debit transactions processed that night and for withdrawal the following business day, if no hold applied. If a hold is applied to a deposit after it is displayed, the date funds will be available will change. A hold is displayed as a separate transaction. After a hold is released, the held funds will be added to your Available Balance.

APGNN INC

Page 2 of 3
 Statement Period
 10/01/10 through 10/31/10
 E0 P PA 0A 49
 Enclosures 0
 Account Number 0057 4219 8712

Thank you for banking with us. With the balances in your accounts, there is no monthly maintenance fee for your Business Advantage account this month.

Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
10/06	150.00	Deposit	813004030226581
10/28	10,400.00	Counter Credit	813003330317131
10/28	500.00	Counter Credit	813003330317133
10/28	120.00	Counter Credit	813003330317127

Withdrawals and Debits
Checks

Check Number	Amount (\$)	Date Posted	Bank Reference	Check Number	Amount (\$)	Date Posted	Bank Reference
1277	50.00	10/29	813002282196358	1280	250.00	10/27	813002082577353
1278	100.00	10/29	813009992125300	1285*	103.35	10/25	813008992263396
1279	500.00	10/25	813007892697059				

* Gap in sequential check numbers.

Daily Ledger Balances

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
10/01	45,516.28	10/25	45,062.93	10/28	55,832.93
10/06	45,666.28	10/27	44,812.93	10/29	55,682.93

How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Bank of America, N.A. Member FDIC and



Equal Housing Lender



Bank of America



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P.O. Box 25118
Tampa, FL 33622-5118

Page 1 of 3
Statement Period
10/01/10 through 10/31/10
EO P PA 0A 49
Enclosures 0
Account Number 0057 4219 8712

BD 11/08 0 0213 055 350 008056 #001 AT 0.357

APGNN INC
PO BOX 6
FLOURTOWN PA 19031-0006

Our free Online Banking service allows you to check balances, track account activity, pay bills and more.
With Online Banking you can also view up to 18 months of this statement online.
Enroll at www.bankofamerica.com/smallbusiness.

Customer Service Information www.bankofamerica.com



For additional information or service, you may call:
1.888.BUSINESS (1.888.287.4637)



Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Business Advantage Checking

APGNN INC

Your Account at a Glance

Account Number	0057 4219 8712	Statement Beginning Balance	\$45,516.28
Statement Period	10/01/10 through 10/31/10	Amount of Deposits/Credits	\$11,170.00
Number of Deposits/Credits	4	Amount of Withdrawals/Debits	\$1,003.35
Number of Withdrawals/Debits	5	Statement Ending Balance	\$55,682.93
Number of Deposited Items	5		
Number of Days in Cycle	31	Average Ledger Balance	\$46,872.94
		Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0057 4219 8712	45,914.78	Average	10-28
	Total Qualifying Balance	\$45,914.78		



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

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If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

* Tell us your name and account number.

* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.

* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

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P.O. Box 25118
Tampa, FL 33622-5118



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Page 1 of 3
Statement Period
10/01/10 through 10/31/10
EO P PA OA 49 0143091
Enclosures 0
Account Number 0057 4219 8712



01099 001 SCM999 0

APGNN INC
PO BOX 6
FLOURTOWN PA 19031-0006

*Business
Economy
Checking*

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Customer Service Information www.bankofamerica.com



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Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Business Advantage Checking

APGNN INC

Your Account at a Glance

Account Number	0057 4219 8712	Statement Beginning Balance	\$45,516.28
Statement Period	10/01/10 through 10/31/10	Amount of Deposits/Credits	\$11,170.00
Number of Deposits/Credits	4	Amount of Withdrawals/Debits	\$1,003.35
Number of Withdrawals/Debits	5	Statement Ending Balance	\$55,682.93
Number of Deposited Items	5		
Number of Days in Cycle	31	Average Ledger Balance	\$46,872.94
		Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0057 4219 8712	45,914.78	Average	10-28
	Total Qualifying Balance	\$45,914.78		

Huffman, Shari

From: Kim Rose [krose@naspghan.org]
Sent: Thursday, December 02, 2010 8:47 AM
To: Huffman, Shari
Subject: RE: APGNN

As for the \$200 deposit last month, this is the rundown of deposits since September:

9-7-10, three new members, all checks, deposit, \$225.00
9-9-10, new member, check, \$75
9-29-10, new member, check \$75
10-5-10, two new members, check, \$150
11-30-10, four new members, checks, \$300

If it would help to have individual check numbers, let me know and I'll email then to you. I don't see a deposit for \$200 only, however. If you can't figure it out, I'll be happy to get on the phone with you and try to help.

Kim

From: Huffman, Shari [mailto:shuffman@nemours.org]
Sent: Thursday, December 02, 2010 8:11 AM
To: krose@naspghan.org
Subject: APGNN

Hi Kim - just checking in with you. Patty and I have had a little delay in transitioning the bank account for me to write checks, but I think it is being resolved this week, so I will get a check to you hopefully by the end of the week for salary support. The other option would be for me to pay by the check card - don't know if you have the ability to do that or not.

Is it possible for you to give me a heads up when you make a deposit - where the income is from (dues or ??) - We are going to try to do some online bookkeeping via quickbooks and that would help me. I saw there was a deposit for 200.00 last month and was just wondering the source?

Just FYI my contact info is below:

Sharihuffman@comcast.net 904-635-9101 cell,
shuffman@nemours.org 904-697-3501 work

*Shari Huffman, MN, CPNP-PC
Nemours Children's Clinic
Pediatric GI and Nutrition*

12/7/2010



Bank of America

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P.O. Box 25118
Tampa, FL 33622-5118



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Statement Period
11/01/10 through 11/30/10
EO P PA 0A 49
Enclosures 0
Account Number 0057 4219 8712

BD 12/07 0 0213 411 700 005692 #001 AT 0.357

APGNN INC
PO BOX 6
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P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Business Advantage Checking

APGNN INC

Your Account at a Glance

Account Number	0057 4219 8712	Statement Beginning Balance	\$55,682.93
Statement Period	11/01/10 through 11/30/10	Amount of Deposits/Credits	\$500.00
Number of Deposits/Credits	2	Amount of Withdrawals/Debits	\$3,831.69
Number of Withdrawals/Debits	11	Statement Ending Balance	\$52,351.24
Number of Deposited Items	7		
Number of Days in Cycle	30	Average Ledger Balance	\$53,586.07
		Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0057 4219 8712	53,821.24	Average	11-29
	Total Qualifying Balance	\$53,821.24		

Bank of America

BU MDL T

2241

APGNN INC

1800 N HILLS AVE

WILLOW GROVE, PA 19090-3704

Say hello to your new Bank of America Visa Business Check Card.

Save with your Visa Business Check Card
on our special offers below.

001033

463135300000

09823 of 00000

N 4631-0000 1218 01 0000000 0
2241 1 04432



Smart move. It's faster than checks, safer than cash – easier to use.

	Your Business Check Card	Checks	Cash
You're not responsible for unauthorized use if lost or stolen	✓	✗	✗
Pay monthly bills such as telephone, cable and Internet	✓	✓	✗
Track all your business expenses for tax purposes	✓	✗	✗
Monitor your available checking balance and spending levels with Online Banking Alerts	✓	✗	✓
View purchase history anytime, quickly and easily	✓	✓	✗

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HI

Page 1 of 3
Statement Period
09/01/10 through 09/30/10
EO P PA 0A 49
Enclosures 0
Account Number 0057 4219 8712



BD 10/08 0 0213 582 3 343 009879 #01 AT 0.357

APGNN INC
PO BOX 6
FLOURTOWN PA 19031-0006

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Or you may write to:



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P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Business Advantage Checking

APGNN INC

Your Account at a Glance

Account Number	0057 4219 8712	Statement Beginning Balance	\$45,789.96
Statement Period	09/01/10 through 09/30/10	Amount of Deposits/Credits	\$757.00
Number of Deposits/Credits	5	Amount of Withdrawals/Debits	\$1,030.68
Number of Withdrawals/Debits	3	Statement Ending Balance	\$45,516.28
Number of Deposited Items	4		
Number of Days in Cycle	30	Average Ledger Balance	\$45,650.71
		Service Charge	\$0.00

Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	0057 4219 8712	45,659.84	Average	09-29
Total Qualifying Balance		\$45,659.84		

**This is a supplement to the signature card. Signature card MUST still be signed. This form is only to be used when all signers are not present in the banking center.*

Domiciling State:	Account #:	Account Type:	Date:
TX	005742198712	Checking	11/6/2010
Account Title: APGNN INC			
By signing below, I/we acknowledge and agree that this account is and shall be governed by the terms and conditions set forth in the following documents, as amended from time to time: <ol style="list-style-type: none"> 1. The Deposit Agreement and Disclosures 2. The Business Schedule of Fees 3. The Miscellaneous Fees for Business Accounts I/we further acknowledge receipt of these documents. By signing below, I/we certify: <ol style="list-style-type: none"> 1. The below named person(s) are currently authorized to act, under the resolutions and/or court documents and/or other agreements authorizing this account. 2. That the specimen signature set forth opposite the name of each person is true and genuine. 3. That the information provided below, including but not limited to, personal information, identification and address are accurate and will serve as verification of identification for any transaction in connection with this account. 			
Name (printed):		Signature:	Title (if applicable):
Patricia Bierly			Treasurer
Date of Birth:		12/16/63	
Street Address:		City:	State:
1800 North Hills Ave		Willow Grove	PA
Zip:		19090	
Primary ID: (drivers license preferred)	Type:	Number:	Issued By:
	Drivers License	20773672	Pennsylvania
Secondary ID:	Type:	Number: (If credit card used for secondary ID only record the issuer's last four digits of the cc number and expiration date.)	Issued By: (name of issuing institution)
	US Airways VISA	5822	Bank of America
Expiration Date:			
12/17/12			
Expiration Date:			
9/30/2011			
NOTARY ACKNOWLEDGEMENT			
State of _____		County of _____	
On _____ before me, _____			
a Notary Public in and for the State of _____			
personally appeared _____,			
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.			
WITNESS my hand and official seal.			
Signature _____			
BANKING CENTER INFORMATION			
Banking Center Name:		Mail Code:	
Associate Name:		Telephone #:	

Name (printed): Shari Huffman		Signature:		Title (if applicable): Treasurer	
Street Address:			City:	State:	Zip:
Primary ID: (drivers license preferred)	Type:	Number:	Issued By:		Expiration Date: / /
Secondary ID:	Type:	Number: (If credit card used for secondary ID only record the issuer's last four digits of the cc number and expiration date.)	Issued By: (name of issuing institution)		Expiration Date: / /

NOTARY ACKNOWLEDGEMENT	
State of _____	County of _____
On _____ before me, _____	
a Notary Public in and for the State of _____	
personally appeared _____,	
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.	
WITNESS my hand and official seal. _____	
Signature	

Attach the completed form to the signature card; then forward to the appropriate Account Records area.

*The Signature Card MUST also be signed.

*Washington & Idaho must attach to signature card and file in accordance with procedure.

**Corporate
Signature Card**

BANK OF AMERICA, N.A. (THE "BANK")

Account Number 005742198712 ☐ Temporary Signature Card
 Account Type BUSINESS Economy Checking
 Account Title APGNN INC
PO BOX 16
Flouertown PA 19031
 Name of Corporation APGNN INC
 Tax Identification Number 33-1046100

By signing below, the above named Corporation agrees that this account is and shall be governed by the terms and conditions set forth in the following documents, as amended from time to time: (1) the Deposit Agreement and Disclosures, (2) the Business Schedule of Fees, (3) the Miscellaneous Fees for Business Accounts and the Corporation further acknowledges the receipt of these documents.

Substitute Form W-9. Certification-Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions

You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (See also IRS instructions for Form W-9).

☐ Exempt.(check if applicable)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Name (typed or printed)	Title	Signature
1. <u>Patricia A. Bierly</u>	<u>Treasurer</u>	<u>Patricia A. Bierly</u>
2. <u>Shari Huffman</u>	<u>Treasurer</u>	
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I, the undersigned, hereby certify (1) I am the Secretary or Assistant Secretary of the Corporation named above, (2) the above named person(s) are those person(s) currently empowered to act under the Corporate resolutions authorizing this account and the other banking services provided for therein, (3) that the title and specimen signature set forth opposite the name of each person are true and genuine, and (4) the Substitute Form W-9 certification.

This _____ day of _____

Secretary/Assistant Secretary

ATM/Deposit/Check Card Request

Provided that the account referenced above is eligible to receive automated teller machine cards and/or Check Cards, I (as authorized by the resolutions which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

Signature _____ Title _____

Bank Information

Date 11/06/2010
 Banking Center Name WELSH ROAD
 Associate's Name Laura Rochelle
 Associate's Phone Number 215-346-4470



If the manager there has any
questions they can contact
Jennifer below.

Branch
manager

Bank of America



Jennifer Beasley
Assistant Vice President
Banking Center Manager
San Marco Banking Center

Cust. Svc: 800.432.1000 • Tel: 904.306.9595 • Fax: 904.396.8272

Bank of America, FL8-032-01-01
2011 San Marco Blvd, Jacksonville, FL 32207

Bank of America



Customer service

Cristina Orpiano
Personal Banker
San Marco Bank of America

Cust. Svc: 800.432.1000 • Tel: 904.306.9595 • Fax: 904.396.8272
macristina.orpiano@bankofamerica.com

Bank of America, FL8-032-01-01
2011 San Marco Blvd, Jacksonville, FL 32207

Huffman, Shari

From: Bierly, Patricia A [BIERLY@email.chop.edu]
Sent: Monday, November 01, 2010 12:02 PM
To: Huffman, Shari
Subject: RE: APGNN

Shari,
 Bank of America
 Online ID is apgnn84
 password is 84giapgnn

When you sign in they may ask you security questions
 My cell number is 215-266-2984 or work 215-590-0420 to help answer the questions

I have made 3 deposits
 AMT check-\$500
 Mead Johnson- \$10400
 Handbook reimbursement- \$120.
 I wrote three check-
 1282- QMP \$120 for handbooks
 1283- Dawn Frantschy \$172.32 scholarship
 award
 1284- Susanne Johnson-\$636.80 for Excellence in Education

I do not have any more checks.
 Patty

From: Huffman, Shari [shuffman@n
Sent: Monday, November 01, 2010
To: Kocovsky, Diane L.
Cc: Bierly, Patricia A
Subject: RE: APGNN

No problem! Patty and I are working to

From: Kocovsky, Diane L. [mailto:Diane
Sent: Monday, November 01, 2010 11:
To: sharihuffman@comcast.net
Subject: RE: APGNN

I will fax them as soon as I get them a
 everyone needed a little time to decomp

From: sharihuffman@comcast.net [mailto:
Sent: Monday, November 01, 2010 5:32 A
To: Kocovsky, Diane L.
Cc: shabina walji-virani
Subject: Re: APGNN

Hi Diane and Shabina - when is the n

ulcerative colitis

BOA APGNN

pancolitis
 (occurs throughout the colon)

Tax ID 331046100
 acct# 005742198712

left-sided
 colitis

ileitis

proctosig-
 moiditis

proctitis

full Prescribing Information.

apriso
 (mesalamine) 0375g
 EXTENDED-RELEASE CAPSULES

11/1/2010

ARNP position we have here in Jacksonville.

Also, Diane - can you fax me a signed copy of the minutes that show me as the new treasurer
- Patty said when she went to BOA they said if I go to a branch with a copy of the minutes showing me as the new treasurer I can sign a signature card there.

Thanks! Shari H.

11/1/2010

Bank of America

BANK OF AMERICA, N.A.

Corporate
Signature Card

☐ Temporary Signature Card

Bank of America

BANK OF AMERICA, N.A. (THE "BANK")

Account Number 3830 0879 8484
Account Type Business Interest Maximizer Savings
Account Title APGNN INC

Name of Corporation APGNN INC
Tax Identification Number 33-1046100

By signing below, the above named Corporation agrees that this account is and shall be governed by the terms and conditions set forth in the following documents, as amended from time to time: (1) the Deposit Agreement and Disclosures, (2) the Business Schedule of Fees, (3) the Miscellaneous Fees for Business Accounts and the Corporation further acknowledges the receipt of these documents.

Substitute Form W-9, Certification-Under penalties of perjury, I certify that: (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions
You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. (See also IRS instructions for Form W-9).
☐ Exempt (check if applicable)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Name (typed or printed)

1. Shari Hufman

2.

3.

4.

5.

Title

Treasurer, APGNN

Signature

Shari Hufman

2. Further Resolved, signed in accordance with order of any officer or obligation of such office inquire as to the circumstances instrument or the proceeds whether oral, by telephone

3. Further Resolved, the payment of money drawn thereon as signer thereof, will be entitled to honor, to treat, or purported facsimile signature the Secretary or Assistant Secretary check, draft, or other order drawn thereby ratifying the use of such expense suffered or incurred by and

I, the undersigned, hereby certify (1) I am the Secretary or Assistant Secretary of the Corporation named above, (2) the above named person(s) are those person(s) currently empowered to act under the Corporate resolutions authorizing this account and the other banking services provided for therein, (3) that the title and specimen signature set forth opposite the name of each person are true and genuine, and (4) the Substitute Form W-9 certification.

Secretary/Assistant Secretary

Treasurer

ATM/Deposit/Check Card Request

Provided that the account referenced above is eligible to receive automated teller machine cards and/or Check Cards, I (as authorized by the resolutions which authorize this account) hereby request the issuance of such cards to any of the authorized signers on this account.

Signature

Bank Information

Date

02/04/2011

Banking Center Name

SOUTH TAMPA

Associate's Name

ARTHUR BRADLEY

Associate's Phone Number

888-287-4637

NPA

00-14-9012M 06-1999

NPA

08-2001

