INVOICE

Invoice: CZN000022156

Invoice Date: June 22, 2018

Page: 1 of 1

Customer No: 90058

COUNTY OF FRESNO
ATTN: DPH DIRECTOR
DEPT. OF PUBLIC HEALTH
P.O. BOX 11867
FRESNO CA 93775

Payment Due: 7/22/2018

AMOUNT DUE: 38,316.00

For billing questions, please call: 800-729-0069 EXT.0647

Fed TIN # 23-2108853

For products and services rendered by Corizon Health, Inc. for the following dates of service:

Beginning: 06/22/2018

Ending: 06/22/2018

Description	Quantity	UOM	Unit Amt	Net Amount
Dental Suite Purchase	1.00	EA	38,316.00	38,316.00

Subtotal: 38,316.00

AMOUNT DUE: 38,316.00

Please Remit To:

Corizon Health, Inc.
12464 Collection Center Drive
Chicago IL 60693

EFT Payment To:

Account Number: 000112997168

Routing Number: 064000020

Please Document Any Variations In Amounts Not Paid in Full