



BlueCross BlueShield
of North Carolina*

Claims Payment

66-156
S31

Check No. 5013064



Void after six Months		
Month	Day	Year
12	08	15

Post Office Box 2291
Durham, North Carolina 27702-2291

ONE HUNDRED FIFTY-SEVEN DOLLARS AND TWENTY CENTS *****

PAY
TO
THE
ORDER
OF



\$157.20

Mitchell W. Gray

Treasurer, Blue Cross and Blue Shield of North Carolina
*An Independent Licensee of the Blue Cross and Blue Shield Association

Wells Fargo Bank, N.A.



CONFIDENTIAL

SDNY_GM_00036882

EFTA_00147495

EFTA01281878

Exhibit Item

X To Deposit Only
Sanjiv Datta

DO NOT WRITE STAMP OR SIGN BELOW THIS LINE
Reserved for Electronic Imposition use

[Faint, illegible text]

A The following security features (and others not listed) exceed industry standards:

Security Features

Document Appearance If Altered:

- Absence or modification of "Original Document" screen on back of check
- Absence of any words or symbols appear in signature area
- Absence of product lines

Product Line

© 1999 Bank of America, N.A. All rights reserved.

CONFIDENTIAL

SDNY_GM_00036883

EFTA_00147496

EFTA01281879