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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07/01 , 2008, and ending 06/30 , 20 09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **FELLOWSHIP OF ASSOCIATES OF MEDICAL EVAN**

Doing Business As **FAME**

Number and street (or P O box if mail is not delivered to street address) **4545 Southeastern Ave** Room/suite

City or town, state or country, and ZIP + 4 **Indianapolis, IN 46203-0548**

D Employer identification number **23 7124787**

E Telephone number **(317) 358-2480**

G Gross receipts $ **3,091,902**

F Name and address of principal officer: **Richard Wolford**
4545 Southeastern Ave, Indianapolis, IN 46203

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status. ☑ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► **www.fameworld.org**

K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: **1970**

M State of legal domicile **IN**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: **Christian Medical Evangelism**		
	2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	380
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	12,119,179	3,082,074
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,463	3,324
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-13,957
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,124,642	3,071,441
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,167,490	2,254,594
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	381,060	476,163
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 119,987		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	668,339	565,795
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	12,216,889	3,296,552
	19 Revenue less expenses. Subtract line 18 from line 12	-92,247	-225,111

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,480,901	1,290,547
	21 Total liabilities (Part X, line 26)	487,368	522,125
	22 Net assets or fund balances. Subtract line 21 from line 20	993,533	768,422

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date: 5-17-2010

Richard Wolford, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ► ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ► | Phone no ► ( )

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat. No 11282Y Form **990** (2008)

916-17

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
Christian Medical Evangelism

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ **2,581,868** including grants of $ **0**) (Revenue $ **0**)
Christianity Programs, General/Other: Provided medical supplies, funding for medical clinics, and mobilization of short-term teams of medical professionals and workers to partner ministries primarily in India, the Caribbean, South America, Africa, and Eastern Europe. (11 Teams)

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ **0** including grants of $ **0**) (Revenue $ **0**)

4e **Total program service expenses ► $ 2,581,868** *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		✓
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S.? *If "Yes," complete Schedule F, Part I*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		✓
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		✓
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	✓	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✓	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		✓
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		✓
b	If "Yes," enter the name of the foreign country: ► ..... See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		✓
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	✓	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	✓	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	✓	
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 12		
b	Enter the number of voting members that are independent	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		✓

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
a	The organization's CEO, Executive Director, or top management official?	15a	✓	
b	Other officers or key employees of the organization?	15b		✓
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ **IN, MN, ND, WV**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **FAME, (317)358-2480**

4545 Southeastern Ave, Indianapolis, IN 46203-0548

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Renae Phillips **Chair**	0.60	✓		✓				$0	$0	$0
Barbara Riggs PhD **Director**	0.30	✓						$0	$0	$0
Jodi SmithGick **Treasurer**	0.60	✓		✓				$0	$0	$0
Mark Wright **Director**	0.30	✓						$0	$0	$0
David Pound MD **Director**	0.30	✓						$0	$0	$0
Max Gordon **Vice-Chair**	0.60	✓		✓				$0	$0	$0
Richard Crabtree **Director**	0.30	✓						$0	$0	$0
Cheryl BoysFore **Secretary**	0.60	✓		✓				$0	$0	$0
Claude Kluck **Director**	0.30	✓						$0	$0	$0
Dwain Illman MD **Director**	0.30	✓						$0	$0	$0
Donald Stogsdill MD **Director**	0.30	✓						$0	$0	$0
Brian Miles MD **Director**	0.30	✓						$0	$0	$0
Richard Wolford **Executive Director**	40.00			✓				$0	$0	$89,000

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								0	0	89,000

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ **0**

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual.*		✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	33,805				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,048,269				
	g Noncash contributions included in lines 1a-1f: $		1,746,569				
	h **Total.** Add lines 1a–1f ▶			3,082,074			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue			0	0	0	0
	g **Total.** Add lines 2a–2f ▶			0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			3,324	0	0	3,324
	4 Income from investment of tax-exempt bond proceeds ▶			0	0	0	0
	5 Royalties ▶			0	0	0	0
		(i) Real	(ii) Personal				
	6a Gross Rents	0	0				
	b Less: rental expenses	0	0				
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ▶			0	0	0	0
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	0	0				
	b Less: cost or other basis and sales expenses	0	0				
	c Gain or (loss)	0	0				
	d Net gain or (loss) ▶			0	0	0	0
	8a Gross income from fundraising events (not including $ 33,805 of contributions reported on line 1c). See Part IV, line 18 a		0				
	b Less: direct expenses b		20,461				
	c Net income or (loss) from fundraising events ▶			-20,461	0	0	-20,461
	9a Gross income from gaming activities. See Part IV, line 19 a		0				
	b Less: direct expenses b		0				
	c Net income or (loss) from gaming activities ▶			0	0	0	0
	10a Gross sales of inventory, less returns and allowances a		0				
	b Less cost of goods sold b		0				
	c Net income or (loss) from sales of inventory ▶			0	0	0	0
	Miscellaneous Revenue	Business Code					
	11a						
	b						
	c						
	d All other revenue			6,504	0	0	6,504
	e **Total.** Add lines 11a–11d ▶			6,504			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			3,071,441	0	0	-10,633

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,254,594	2,254,594		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	85,000	0	85,000	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	237,134	51,329	136,185	49,620
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,094	0	22,050	4,044
9 Other employee benefits	107,515	0	87,078	20,437
10 Payroll taxes	20,420	0	16,678	3,742
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	395	0	395	0
c Accounting	15,513	0	15,513	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	4,704	0	4,704	0
12 Advertising and promotion	8,588	0	0	8,588
13 Office expenses	53,022	0	26,112	26,910
14 Information technology	2,460	0	2,460	0
15 Royalties	0	0	0	0
16 Occupancy	86,039	146	85,893	0
17 Travel	323,259	275,799	42,645	4,815
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	3,415	0	1,715	1,700
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	28,639	0	28,639	0
23 Insurance	11,276	0	11,276	0
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a **Other expense**	28,485	0	28,354	131
b				
c				
d				
e				
f All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24f	3,296,552	2,581,868	594,697	119,987
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	200	1	10,200
	2	Savings and temporary cash investments	81,213	2	197,648
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L	0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost basis (10a: 952,292)			
	b	Less: accumulated depreciation Complete Part VI of Schedule D (10b: 124,394)	834,173	10c	827,898
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	565,315	15	254,801
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,480,901	16	1,290,547
Liabilities	17	Accounts payable and accrued expenses	99,687	17	45,139
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow account liability Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	368,996	23	458,812
	24	Unsecured notes and loans payable	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	18,685	25	18,174
	26	**Total liabilities.** Add lines 17 through 25	487,368	26	522,125
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	958,061	27	733,278
	28	Temporarily restricted net assets	35,472	28	35,144
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	993,533	33	768,422
	34	Total liabilities and net assets/fund balances	1,480,901	34	1,290,547

Part XI Financial Statements and Reporting

			Yes	No
1		Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other		
2a		Were the organization's financial statements compiled or reviewed by an independent accountant?	✓	
b		Were the organization's financial statements audited by an independent accountant?	✓	
c		If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	✓	
3a		As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		✓
b		If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC	23 : 7124787

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . 11g(i)		
(ii) A family member of a person described in (i) above? . . . . . 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . 11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,103,498	6,732,251	3,972,731	2,619,179	3,082,074	24,509,733
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1-3	8,103,498	6,732,251	3,972,731	2,619,179	3,082,074	24,509,733
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						770,000
6 **Public support.** Subtract line 5 from line 4.						23,739,733

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	8,103,498	6,732,251	3,972,731	2,619,179	3,082,074	24,509,733
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,380	7,775	10,715	5,463	3,324	30,657
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	9,925	6,504	16,429
11 **Total support.** Add lines 7 through 10						24,556,819

12 Gross receipts from related activities, etc. (see instructions) 12 0

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . 14 96.67 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 76.16 %

16a **33⅓ % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓ % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ ☐

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Other Income

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number
23 7124787

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of certified historic structure

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ----------

4 Number of states where property subject to conservation easement is located ▶ ----------

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ----------

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ----------

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

(ii) Assets included in Form 990, Part X ▶ $ ----------

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ----------

b Assets included in Form 990, Part X ▶ $ ----------

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____%
b Permanent endowment ► _____%
c Term endowment ► _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	23,000	0		23,000
b Buildings	846,398	0	67,428	778,970
c Leasehold improvements	0	0	0	0
d Equipment	29,319	0	24,993	4,326
e Other	53,575	0	31,973	21,602
Total. Add lines 1a–1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				827,898

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Medical Supplies Inventory	**$246,149**
Other	**$8,652**
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 15.)* ▶	**254,801**

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	**0**
Accrued Salaries and Payroll Tax Liabilities	**$16,075**
Annuity Payable	**$2,099**
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	**18,174**

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,071,441
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,296,552
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-225,111
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4–8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-225,111

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,091,902
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	0		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	20,461		
e	Add lines **2a** through **2d**			2e	20,461
3	Subtract line **2e** from line **1**			3	3,071,441
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	3,071,441

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,317,013
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Losses reported on Form 990, Part IX, line 25	2c	0		
d	Other (Describe in Part XIV)	2d	20,461		
e	Add lines **2a** through **2d**			2e	20,461
3	Subtract line **2e** from line **1**			3	3,296,552
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	3,296,552

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule D, Part X - The effects of FIN 48 have not been determined. FAME has elected to defer the application of FIN 48 in accordance with FSP FIN 48-3 until December 31, 2009.

Schedule D, Part XII, Line 2d - Event expenses

Schedule D, Part XIII, Line 2d - Fund raising events

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number
23 7124787

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Banquet (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col (c))
Revenue	1 Gross receipts	28,240			28,240
	2 Less: Charitable contributions	28,240			28,240
	3 Gross revenue (line 1 minus line 2)	0			0
Direct Expenses	4 Cash prizes	0			0
	5 Non-cash prizes	0			0
	6 Rent/facility costs	0			0
	7 Other direct expenses	16,499			16,499
	8 Direct expense summary. Add lines 4 through 7 in column (d) ▶				(16,499)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				-16,499

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain.			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ► $ _____ and the amount of gaming revenue retained by the third party ► $ _____ .			
c	If "Yes," enter name and address:			
	Name ►			
	Address ►			
16	Gaming manager information			
	Name ►			
	Gaming manager compensation ► $ _____			
	Description of services provided ►			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number
23 : 7124787

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Statement 1							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 20

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2 - FAME'S PROCEDURE FOR MONITORING USE OF PROJECT GRANT FUNDS 1.) Prior to approval of a project request, the following are obtained or done: a.) A very comprehensive application form which is notarized. b.) A copy of a resolution from the applicant's Board of Directors stating that the project has Board approval. c.) Application includes a statement that neither the organization requesting funds, nor any individual involved with the organization, has ever in the past or at the present time had any involvement with a terrorist organization. d.) Site visit by a member of the FAME staff or Board. 2.) Once approval is granted and funds are being disbursed for the project, the recipient of funds has agreed to the following: a.) Provide FAME with a brief monthly progress report, including pictures, while funds are being received. b.) Provide FAME with a quarterly report of project progress, financial summary and ministry summary while funds are being received. c.) Provide FAME with a final comprehensive report, including pictures, of the project, of the final project budget and of the anticipated time to become operational once the project is completed. d.) Appropriate staff person at FAME monitors timely receipt of these reports and maintains e-mail contact as necessary to assure clarity of progress and offer assistance if hindrances to progress occur. 3.) Long-term follow-up: A site visit may be made one to three years after completion of the project, as deemed necessary, to assure that the project is fully operational and being used for the stated purpose.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number
23 7124787

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	✓	286	1,746,569	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (.....)				
26	Other ► (.....)				
27	Other ► (.....)				
28	Other ► (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 **0**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a		✓
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31	✓	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a	✓	
b	If "Yes," describe in Part II.		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Schedule M, Part I, Line 32b - Gifts for the Nations

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM INC

Employer identification number

23 7124787

Form 990, Part VI, Section A, Line 2 - Mr. Mark Wright, Director, is the Pastor of Mr. Richard Wolford, Executive Director.

Form 990, Part VI, Section A, Line 10 - The form is double-checked by someone other than the preparer for clerical errors, and then reviewed by the executive director. An electronic copy is provided to the board of directors before it is filed.

Form 990, Part VI, Section B, Line 12c - A conflict of interest form, attached to the policy, is sent to all parties. It is then signed, and returned. These are kept on file.

Form 990, Part VI, Section B, Line 15 - The process for determining the compensation of the Executive Director was last undertaken by the Executive Committee of the Board of Directors on January 8th, 2008.

Form 990, Part VI, Section C, Line 19 - All via request, and some on our website.

Statement 1 : Description of Grants and Other Assistance to Governments and Organizations in the United States

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	See Attached See Attached Indianapolis, IN 46203		$2,044,688
EIN	23-7124787		
IRC code section			
Method of valuation	FMV		
Description of non-cash assistance	Medical Supplies		
Purpose of grant	Mission support - clinic operations		
Name and address	See Attached See Attached See Attached, IN 46203	$184,166	$0
EIN	23-7124787		
IRC code section			
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Mission support - clinic operations and capital projects		
Name and address	See Attached See Attached See Attached, IN 46203	$25,740	$0
EIN	23-7124787		
IRC code section			
Method of valuation			
Description of non-cash assistance			
Purpose of grant	Mission support - scholarships		

Schedule I, Part II : Non Cash

FAME - FEIN: 23-712-4787

Saturday, May 08, 2010
1 14 pm

Cumulative With Originated Totals

For Period 7/1/2008 To 6/30/2009

Agency Name		Total Units				
Warehouse: FAME FAME						
200003	Christian Ministries in Africa	8,153	$0 00	$0 00	$0 00	$0 00
200004	Central Brazil Mission	26,261	$0 00	$0 00	$0 00	$0 00
200005	Nacea India	29,164	$0 00	$0 00	$0 00	$0 00
200006	Haitian Christian Mission (HCM)	388,278	$0 00	$0 00	$0 00	$0 00
200007	Honduras	48,117	$0 00	$0 00	$0 00	$0 00
200008	Del Corazonde Jesucristo	20,416	$0 00	$0 00	$0 00	$0 00
200009	Good Samaritan Clinic	6,661	$0 00	$0 00	$0 00	$0 00
200010	Asian Children's Ministry	14,250	$0 00	$0 00	$0 00	$0 00
200012	Haitian Christian Outreach (HCO)	52 614	$0 00	$0 00	$0 00	$0 00
200013	Dr Doug Burbella	6,457	$0 00	$0 00	$0 00	$0 00
200014	TCM	1,600	$0 00	$0 00	$0 00	$0 00
200015	Worlwide Hispanic Outreach	41	$0 00	$0 00	$0 00	$0 00
200016	St Francis NHC	2	$0 00	$0 00	$0 00	$0 00
200017	His Eyes, Clinica Medica	70 627	$0 00	$0 00	$0 00	$0 00
200018	North Western Hatian Christian Mission	24,420	$0 00	$0 00	$0 00	$0 00
200019	Panama Christian Evangelism	19,973	$0 00	$0 00	$0 00	$0 00
200021	Bernie and Kelly Bledsoe	6,133	$0 00	$0 00	$0 00	$0 00
200022	Lifeline Christian Mission	804	$0 00	$0 00	$0 00	$0 00
200023	Christian Aid Ministries	1 029	$0 00	$0 00	$0 00	$0 00
200025	ABC Children's Aid	2,167	$0 00	$0 00	$0 00	$0 00
200027	DISPOSAL	67,465	$0 00	$0 00	$0 00	$0 00
200028	Kids Across Africa	92	$0 00	$0 00	$0 00	$0 00
200029	Little Red Door	1	$0 00	$0 00	$0,00	$0 00
200030	Dr Nahim Nasralla	13	$0 00	$0 00	$0 00	$0 00
200031	Denise Nelson	2	$0 00	$0 00	$0 00	$0 00
200032	Vine International	1	$0 00	$0 00	$0 00	$0 00
200033	MSFC	1	$0 00	$0 00	$0 00	$0 00
200034	Wheelchair Help	8	$0 00	$0 00	$0 00	$0 00
Grand Total For all Selected Agencies for WH: FAME		794,750	$0 00	$0 00	$0 00	$0 00

'AME
1545 Southeastern Avenue
ndianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200003

Ship To:
Christian Ministries in Africa
05 Cleveland Ave
nohomish WA 98290
Kenya

Phone#. (___)___-____

Notify:
Christian Ministries in Africa
905 Cleveland Ave
Snohomish WA 98290

Phone#.

Invoice Reference
300001
Order Date:
02/12/2009
Ship Date:
01/27/2009
Ship Via:
Fed Ex

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0100106		APAP Children's Meltaway 80 mg		900	$90 00
0100109		APAP, Child, 4 oz , 160 mg/5 ml	4 oz	18	$54 54
0801804		Guaifenesin/Dextromethorphan 600/30 mg		2,400	$888 00
000402		Multivitamin, Child		4 188	$251 28
1105001		Calamine Lotion, 6 oz	6 oz	6	$8 16
		Invoice Totals:		**7512**	**$1,291.98**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200004

Ship To:
Central Brazil Mission
Woody Wilson
109 Deerfield Ct
Franklin TN 37069
Brazil

Phone#: (___)___-____

Notify:
Central Brazil Mission
Woody Wilson
109 Deerfield Ct.
Franklin TN 37069

Phone#:

Invoice Reference
300003
Order Date:
01/21/2009
Ship Date:
02/12/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0200201		Albendazole 400 mg		400	$600.00
0200303		Amoxicillin 500 mg		2.000	$1,580.00
0200308		Amoxicillin, Suspension, 100 ml. 125 mg/5 ml	100 ml	14	$41 30
0201301		Metronidazole 500 mg		100	$178.00
0500104		Calcium Carbonate 1000 mg		36	$1.80
0500301		Bismuth, 262 mg		42	$8 82
0501401		Omeprazole 20 mg		119	$54 74
0501402		Omeprazole (Zegerid) 40 mg		28	$151.48
0501501		Pantoprazole (Protonix) 40 mg		20	$83 00
0501701		Simethicone, Infant, 1 oz., 20 mg/0.3 ml	1 oz	2	$6.72
0700101		Metronidazole 0 75%	9 g	48	$420.00
0802401		Cough Drop		72	$6.70
0804301		Camphor, 2.99 oz.	2 99 oz.	1	$6.50
0804302		Camphor, Patch	Patch	6	$10.20
0804303		Menthol, 4 oz.	4 oz	1	$7.13
0804304		Menthol, 1.76 oz	1.76 oz	2	$13.00
0900201		Prednisone 5 mg		200	$8 00
0900203		Prednisone 10 mg		200	$12.00
1000404		Multivitamin, Infant, 1 2/3 oz.	50 ml	15	$100 05
1101101		Anti-Fungal Cream, 0.5 oz	0.5 oz	1	$4.25
1101104		Anti-Fungal Cream, 1.25 oz	1.25 oz.	4	$10.76
1102002		Hydrocortisone, 0 5 oz	0 5 oz.	5	$18 95
1102504		Menthol 2.5%	2 oz	2	$8.00
1102601		Neomycin/PolymyxinB/Bacitracin/Hydrocortisone	3.5/10 mg 3.5 g	6	$46 86
1103401		Silver Sulfadiazine, 85 G	85 g	1	$8.18
1103902		Tobramycin 0 3%	3.5 g	1	$25.60

FAME
1545 Southeastern Avenue
ndianapolis, IN 46203
Tel: (317)-358-2480 Fax 3173582483
Email:

Invoice

Consignee#: 200004

Ship To:
Central Brazil Mission
Woody Wilson
09 Deerfield Ct
Franklin TN 37069
Brazil

Phone#. (___)___-____

Notify:
Central Brazil Mission
Woody Wilson
109 Deerfield Ct
Franklin TN 37069

Phone#

Invoice Reference
300003
Order Date:
01/21/2009
Ship Date:
02/12/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
1104601		Tolnaftate, 1%	1 oz	2	$5 30
1105101		Menthol, 1 25 oz	1 25 oz	3	$7.95
1105103		Menthol. 2 oz	2 oz	3	$12 00
1106001		Camphor. 4 oz.	4 oz	1	$7 02
1106101		Trolamine Salicylate 10%	1 25 oz	1	$2 93
Z110620		Camphor. 4 oz , 3 1%	4 oz	1	$6 68
		Invoice Totals:		**3337**	**$3,453.92**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200004

Ship To:
Central Brazil Mission
Woody Wilson
109 Deerfield Ct.
Franklin TN 37069
Brazil

Phone#: (___)___-____

Notify:
Central Brazil Mission
Woody Wilson
109 Deerfield Ct.
Franklin TN 37069

Phone#:

Invoice Reference
300004
Order Date:
01/21/2009
Ship Date:
02/17/2009
Ship Via:
Delivery

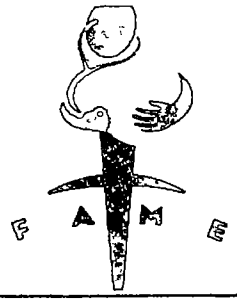
Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0100401		APAP, Migraine, 250 mg		173	$10.38
0200101		Acyclovir 200 mg		100	$119.00
0200502		Ceftriaxone, 1 G	1 G	2	$37.50
0200602		Cephalexin 250 mg		100	$36 00
0201102		Terbinafine HCL (Lamisil) 1%	24 g	10	$89.10
0301501		Niacin/Simvastatin 500/20 mg		3	$6.33
0500301		Bismuth, 262 mg		300	$63 00
0500305		Bismuth, Suspension, 4 oz., 525 mg/15 ml	4 oz	1	$3.83
0700101		Metronidazole 0.75%	9 g	96	$840 00
0800401		APAP/Phenylephrine 325/5 mg		122	$6.10
0801001		Dextromethorphan, 0.5 oz , 30 mg/5 ml	0 5 oz	1	$1 45
0801301		Diphenhydramine, Child, 4 oz., 12.5 mg/5 ml	4 oz.	10	$22.00
0801303		Diphenhydramine HCL 25 mg		400	$8 00
0801702		Guaifenesin, 100mg/5 ml, 4 oz	4 oz.	1	$1.87
0801802		Guaifenesin/Dextromethorphan, Susp. 100/10 mg/5 ml	8 oz	1	$3 37
0802001		Guaifenesin/Pseudoephedrine 250/120 mg		800	$496.00
0802501		Montelukast Sodium (Singulair) 4 mg		180	$86.40
0802503		Montelukast Sodium (Singulair) 10 mg		49	$27.44
0802601		Multi-Symptom Cold		40	$13.60
0804101		Advair, 250/50 mcg		1	$3.24
1000405		Multivitamin, Infant, 6 oz.	6 oz.	1	$5.83
1102601		Neomycin/PolymyxinB/Bacitracin/Hydrocortisone	3.5/10 mg 3 5 g	3	$23.43
1106301		Lice Shampoo	6 oz.	2	$14.90
1106302		Lice Cream Rinse	2 oz.	1	$3 00
		Invoice Totals:		**2397**	**$1,921.77**

Saturday, May 08, 2010
1:12 pm

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax. 3173582483
Email:



Invoice

Consignee#: 200004

Ship To:
Central Brazil Mission
Woody Wilson
109 Deerfield Ct
Franklin TN 37069
Brazil

Phone#: (___)___-____

Special Instructions:

Notify:
Central Brazil Mission
Woody Wilson
109 Deerfield Ct
Franklin TN 37069

Phone#

Invoice Reference
300004
Order Date:
01/21/2009
Ship Date:
02/17/2009
Ship Via:
Delivery

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200005

Ship To:
Nacea India

India

Phone#. (___)___-____

Notify:
Nacea India

Phone#:

Invoice Reference
300005
Order Date:
01/26/2009

Ship Date:
02/17/2009

Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0100101		APAP 325 mg		2,000	$40 00
0100102		APAP 500 mg		4,748	$189 92
0100103		APAP 650 mg		200	$0.00
0100105		APAP, Child, 81 mg		30	$2.10
0100106		APAP Children's Meltaway 80 mg		210	$21.00
0100107		APAP, Infant, 0 5 oz., 80 mg/0 8 ml	0 5 oz.	24	$93 84
0100109		APAP, Child, 4 oz . 160 mg/5 ml	4 oz.	27	$81.81
0100501		IBU 200 mg		4,980	$199.20
0100502		IBU 400 mg		500	$100.00
0100503		IBU 600 mg		500	$145.00
0100505		IBU. Child, 50 mg		600	$78 00
0100507		IBU. Infant, 0 5 oz., 50 mg/1.25 ml	0.5 oz	4	$19.56
0100508		IBU. Infant,1 oz., 50 mg/5ml	1 oz	1	$1.00
0100509		IBU. Child, 4 oz , 100 mg/5 ml	4 oz.	3	$12.39
0100601		Naproxen Sodium 220 mg		400	$44.00
0200101		Acyclovir 200 mg		500	$595 00
0200201		Albendazole 400 mg		1,000	$1,500 00
0200302		Amoxicillin 250 mg		1.500	$375.00
0200303		Amoxicillin 500 mg		500	$395.00
0200502		Ceftriaxone, 1 G	1 G	4	$75.00
0200602		Cephalexin 250 mg		380	$136.80
0201101		Terbinafine HCL 250 mg		690	$972 90
0201102		Terbinafine HCL (Lamisil) 1%	24 g	14	$124.74
0201301		Metronidazole 500 mg		500	$890.00
0201701		Sulfamethoxazole/Trimethoprim Susp 200/40/5 ml	16 oz.	1	$80 52
0500103		Calcium Carbonate 750 mg		1,066	$63.96

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200005

Ship To:
Nacea India

India

Phone#: (___)___-____

Notify:
Nacea India

Phone#:

Invoice Reference
300005
Order Date:
01/26/2009

Ship Date:
02/17/2009

Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0500201		Bisacodyl 5 mg		200	$2 00
0500301		Bismuth, 262 mg		588	$123.48
0501201		Loperamide 2 mg		120	$6.00
0501401		Omeprazole 20 mg		105	$48.30
0501602		Ranitidine (Zantac) 150 mg		500	$825 00
0700101		Metronidazole 0 75%	9 g	48	$420 00
0700202		Miconazole Nitrate 200 mg 2%	0.32 oz.	6	$20.10
0700203		Miconazole Nitrate 200 mg	5 g	3	$1.50
0700204		Miconazole Nitrate 200 mg, 3-day		3	$9 93
0800801		Chlorpheniramine 4 mg		1,000	$10 00
0801301		Diphenhydramine, Child, 4 oz , 12 5 mg/5 ml	4 oz	2	$4 40
0801303		Diphenhydramine HCL 25 mg		148	$2 96
0801701		Guaifenesin, 100 mg/5 ml, 8 oz.	8 oz.	6	$16.80
0801702		Guaifenesin, 100mg/5 ml, 4 oz	4 oz.	8	$14 96
0802001		Guaifenesin/Pseudoephedrine 250/120 mg		800	$496.00
0802401		Cough Drop		371	$37.10
0802405		Menthol Spray 8%	4 oz.	1	$5 88
0802603		Multi-Symptom Cold, 8 oz.	8 oz.	1	$5.96
0803201		Albuterol Sulfate, 17 g, 90 mcg	17 g	10	$217.90
0900201		Prednisone 5 mg		200	$8 00
1000401		Multivitamin, Adult		4,000	$240 00
1100601		Antibiotic Ointment, 1 oz	1 oz	1	$4.21
1101101		Anti-Fungal Cream, 0.5 oz.	0.5 oz	41	$174.25
1102002		Hydrocortisone, 0.5 oz.	0.5 oz.	12	$45.48
1102003		Hydrocortisone, 1 oz.	1 oz.	29	$86 71
1102503		Muscle Rub, 2 oz.	2 oz.	1	$3 74

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200005

Ship To:
Nacea India

India

Phone# (___)___-____

Notify:
Nacea India

Phone#

Invoice Reference
300005
Order Date:
01/26/2009
Ship Date:
02/17/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
1102601		Neomycin/PolymyxinB/Bacitracin/Hydrocortisone	3 5/10 mg 3 5 g	36	$281 16
1102701		Eye Drops. Perscription. 10 ml	10 ml	2	$60 98
1103201		Permethrin. 60 G. 50 mg/g	60 g	5	$145 75
1103401		Silver Sulfadiazine. 85 G	85 g	1	$8 18
1103602		Tetrahydrozoline HCL (Eye) 0 05%	0 5 oz	25	$49 75
1104002		Antibiotic Ointment. 1 oz	1 oz	1	$4 94
1104501		Nystatin	30 g	3	$6 57
1104601		Tolnaftate. 1%	1 oz	1	$2 65
1104701		Zinc Undecylenate Undecylenic Acid	50 g	2	$5 18
1104801		Hemorrhoidal Ointment. 2 oz	2 oz	1	$3 99
1105301		Bacitracin Zinc/Polymyxin B. 0 9 g	0 9 g	500	$80 00
1105401		Bacitracin Zinc. 0 5 oz	0 5 oz	1	$1 99
		Invoice Totals:		**29164**	**$9,718.54**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message·

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200006

Ship To:
Haitian Christian Mission (HCM)
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Etienne and Betty Prophete
Phone#:

Special Instructions:

Notify:
Haitian Christian Mission (HCM)
3807 Beresford Rd. East
West Palm Beach 33417

Phone#:

Invoice Reference
300006
Order Date:
02/19/2009
Ship Date:
02/19/2009
Ship Via:
Delivery

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0802601		Multi-Symptom Cold		305,900	$104.006 00
		Invoice Totals:		**305900**	**$104,006.00**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200007

Ship To:
Honduras

Honduras

Phone# (___)___-____

Notify:
Honduras

Phone#

Invoice Reference
300007
Order Date:
02/24/2009
Ship Date:
02/24/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0100102		APAP 500 mg		5,523	$220.92
0100103		APAP 650 mg		145	$0 00
0100107		APAP Infant, 0 5 oz , 80 mg/0 8 ml	0 5 oz	32	$125 12
0100108		APAP, Infant, 1 oz., 80 mg/0 8 ml	1 oz	2	$4 88
0100111		APAP Children's Chewable 160 mg		154	$26 18
0100112		APAP, Infant, 0 25 oz., 80 mg/0 8 ml	0 25 oz	12	$36 00
0100501		IBU 200 mg		4,925	$197 00
0100506		IBU, Child, 100 mg		48	$8 64
0100601		Naproxen Sodium 220 mg		800	$88 00
0100701		Lidocaine HCL 1% 10 mg/ml	20 ml	6	$79 20
0200101		Acyclovir 200 mg		400	$476 00
0200201		Albendazole 400 mg		1,000	$1,500 00
0200303		Amoxicillin 500 mg		3,500	$2,765 00
0200502		Ceftriaxone, 1 G	1 G	4	$75 00
0200701		Ciprofloxacin 250 mg		1 200	$588 00
0201102		Terbinafine HCL (Lamisil) 1%	24 g	12	$106 92
0201103		Terbinafine 1%	0 85 oz	1	$13 75
0201104		Terbinafine 1%	1 oz	1	$9 99
0201105		Terbinafine 1%	0 42 oz	3	$23 64
0201301		Metronidazole 500 mg		700	$1,246 00
0300101		Aspirin 81 mg		264	$2 64
0300201		Atenolol 50 mg		900	$630 00
0300901		Hydrochlorothiazide 25 mg		1,000	$10 00
0400301		Metformin, 500 mg		385	$265 65
0500102		Calcium Carbonate 675 mg		320	$28 80
0500103		Calcium Carbonate 750 mg		1,860	$111 60

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax. 3173582483
Email:

Invoice

Consignee#: 200007

Ship To:
Honduras

Honduras

Phone#. (___)___-____

Notify:
Honduras

Phone#:

Invoice Reference
300007
Order Date:
02/24/2009

Ship Date:
02/24/2009

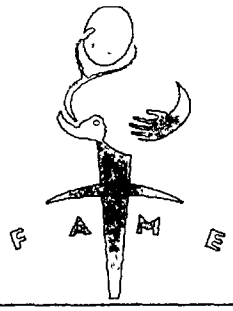
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0500104		Calcium Carbonate 1000 mg		612	$30.60
0500105		Calcium Carbonate 550 mg		558	$66.96
0500201		Bisacodyl 5 mg		500	$5 00
0500301		Bismuth, 262 mg		410	$86.10
0500306		Bismuth, Child, 161 mg		24	$5.52
0501201		Loperamide 2 mg		144	$7.20
0501602		Ranitidine (Zantac) 150 mg		1,000	$1.650.00
0501701		Simethicone, Infant, 1 oz , 20 mg/0.3 ml	1 oz.	2	$6.72
0501902		Senokot 50 mg		60	$21.60
0502101		Lansoprazole (Prevacid) 30 mg		100	$447.00
0502701		Magnesium Hydroxide (Milk of Mag) 400mg/5ml, 12 oz	12 oz	1	$2.69
0700101		Metronidazole 0.75%	9 g	48	$420.00
0700205		Miconazole, 1 59 oz ,100 mg, 7-day	1.59 oz	42	$50.40
0800501		Brompheniramine/Phenylephrine, 4 oz.,1/2.5 mg/5 ml	4 oz.	8	$45.20
0800502		Brompheniramine/Phenylephrine, 8 oz.,1/2.5 mg/5 ml	8 oz.	1	$9.77
0800801		Chlorpheniramine 4 mg		1,000	$10.00
0801301		Diphenhydramine, Child, 4 oz.. 12 5 mg/5 ml	4 oz.	10	$22.00
0801303		Diphenhydramine HCL 25 mg		680	$13.60
0801804		Guaifenesin/Dextromethorphan 600/30 mg		20	$7.40
0801901		Guaifenesin/Phenylephrine 600/20 mg		600	$858.00
0802001		Guaifenesin/Pseudoephedrine 250/120 mg		800	$496.00
0802002		Guaifenesin/Pseudoephedrine 600/58 mg		8	$4.40
0802201		Loratadine, Child, 4 oz., 5 mg/5 ml	4 oz.	1	$8.50
0802202		Loratadine 10 mg		270	$18 90
0802301		Loratadine/Pseudoephedrine (Claritin D) 10/240 mg		40	$36.40
0803201		Albuterol Sulfate, 17 g, 90 mcg	17 g	11	$239 69

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax 3173582483
Email:



Invoice

Consignee#: 200007

Ship To:
Honduras

Honduras

Phone# (___)___-____

Notify:
Honduras

Phone#

Invoice Reference
300007
Order Date:
02/24/2009

Ship Date:
02/24/2009

Ship Via:
Delivery

Special Instructions:

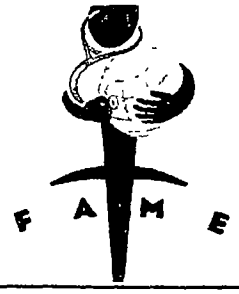
Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0804002		Epinephrine Pen, Children's	0 3 ml	2	$72 60
0804003		Epinephrine (Primatene) 0 22 mg, 15 ml	15 ml	1	$6 10
0900201		Prednisone 5 mg		1.000	$40 00
1000101		C Vitamin		160	$4 80
1000401		Multivitamin, Adult		7.340	$440 40
1000402		Multivitamin, Child		6.762	$405 72
1000404		Multivitamin, Infant, 1 2/3 oz	50 ml	31	$206 77
1000501		Prenatal Vitamin		2.352	$70 56
1100603		Antibiotic Ointment 0 9 oz	0 9 g	100	$20 00
1100803		Oral Analgesic, 0 25 oz	0 25 oz	1	$6 32
1101101		Anti-Fungal Cream, 0 5 oz	0 5 oz	32	$136 00
1101103		Anti-Fungal Cream, 2 oz	2 oz	4	$39 96
1101104		Anti-Fungal Cream, 1 25 oz	1 25 oz	5	$13 45
1102003		Hydrocortisone, 1 oz	1 oz	50	$149 50
1102601		Neomycin/PolymyxinB/Bacitracin/Hydrocortisone	3 5/10 mg 3 5 g	12	$93 72
1103201		Permethrin, 60 G, 50 mg/g	60 g	2	$58 30
1103401		Silver Sulfadiazine, 85 G	85 g	2	$16 36
1104002		Antibiotic Ointment, 1 oz	1 oz	46	$227 24
1104601		Tolnaftate, 1%	1 oz	1	$2 65
1106301		Lice Shampoo	6 oz	7	$52 15
C		c		60	$8 40
		Invoice Totals:		**48117**	**$15,279.58**

Weight Total: _____ **Piece Count:** _____

Invoice

4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:



Consignee#: 200007

Ship To:
Honduras

Honduras

Phone#: (___)___-____

Notify:
Honduras

Phone#:

Invoice Reference
300007
Order Date:
02/24/2009

Ship Date:
02/24/2009

Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

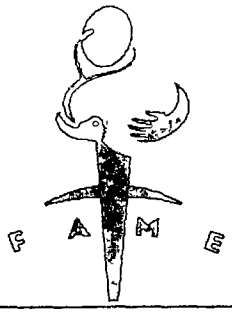
Ref #	Box#	Description	Packing	Quantity	Box Value

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax. 3173582483**
Email:



Invoice

Consignee#: 200006

Ship To:
Haitian Christian Mission (HCM)
3807 Beresford Rd East
West Palm Beach 33417
Haiti

Phone#.

Notify:
Haitian Christian Mission (HCM)
3807 Beresford Rd East
West Palm Beach 33417

Phone#

Invoice Reference
300009
Order Date:
03/05/2009
Ship Date:
03/05/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0100102		APAP 500 mg		9 816	$392 64
0100107		APAP, Infant, 0 5 oz , 80 mg/0 8 ml	0 5 oz	80	$312 80
0100108		APAP Infant, 1 oz , 80 mg/0 8 ml	1 oz	2	$4 88
0100109		APAP, Child, 4 oz , 160 mg/5 ml	4 oz	101	$306 03
0100110		APAP, Child, 160 mg		486	$82 62
0100111		APAP Children's Chewable 160 mg		48	$8.16
0100401		APAP, Migraine, 250 mg		446	$26 76
0100403		APAP/ASA/Caffeine 194/227/33 mg		100	$8 00
0100501		IBU 200 mg		8,740	$349 60
0100508		IBU, Infant,1 oz., 50 mg/5ml	1 oz	4	$4 00
0100509		IBU, Child, 4 oz , 100 mg/5 ml	4 oz	54	$223 02
0100601		Naproxen Sodium 220 mg		454	$49 94
0100701		Lidocaine HCL 1% 10 mg/ml	20 ml	6	$79 20
0200201		Albendazole 400 mg		700	$1.050 00
0200302		Amoxicillin 250 mg		1.000	$250 00
0200303		Amoxicillin 500 mg		1.000	$790 00
0200305		Amoxicillin, 150 ml, 250 mg/5 ml	150 ml	8	$42 80
0200308		Amoxicillin, Suspension, 100 ml, 125 mg/5 ml	100 ml	50	$147 50
0200502		Ceftriaxone, 1 G	1 G	10	$187 50
0200603		Cephalexin 500 mg		1.500	$1.035 00
0200701		Ciprofloxacin 250 mg		1.200	$588 00
0201102		Terbinafine HCL (Lamisil) 1%	24 g	27	$240 57
0201301		Metronidazole 500 mg		300	$534 00
0201701		Sulfamethoxazole/Trimethoprim Susp 200/40/5 ml	16 oz	6	$483 12
0300101		Aspirin 81 mg		486	$4 86
0300102		Aspirin 325 mg		524	$5 24

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200006

Ship To:
Haitian Christian Mission (HCM)
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Phone#:

Notify:
Haitian Christian Mission (HCM)
3807 Beresford Rd East
West Palm Beach 33417

Phone#:

Invoice Reference
300009
Order Date:
03/05/2009
Ship Date:
03/05/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0300901		Hydrochlorothiazide 25 mg		3,000	$30 00
0400101		Glipizide 5 mg		1,000	$320.00
0400501		Metformin/Rosiglitazone 500/4 mg		56	$197.68
0500101		Antacid		882	$17 64
0500201		Bisacodyl 5 mg		1,000	$10.00
0500301		Bismuth, 262 mg		30	$6 30
0500304		Bismuth, 12 oz., 525 mg/15 ml	12 oz.	1	$5.98
0500401		Cimetidine 200 mg		30	$1 80
0500802		Docusate Sodium 100 mg		90	$1.80
0501201		Loperamide 2 mg		1,352	$67 60
0501203		Loperamide, Child, 4 oz., 1 mg/5 ml	4 oz.	1	$5 25
0501401		Omeprazole 20 mg		251	$115.46
0501601		Ranitidine (Zantac) 75 mg		210	$58.80
0501602		Ranitidine (Zantac) 150 mg		2,204	$3.636.60
0501701		Simethicone, Infant, 1 oz., 20 mg/0.3 ml	1 oz	3	$10 08
0501702		Simethicone125 mg		50	$3.50
0501703		Simethicone 166 mg		50	$11 50
0501704		Simethicone 62.5 mg	Strip	18	$4 32
0502002		Famotidine 20 mg		350	$24 50
0502201		Calcium/Magnesium 550/110 mg		150	$4.50
0502202		Calcium/Magnesium 675/135 mg		90	$3.60
0502203		Calcium Carbonate/Magnesium 700/300 mg		70	$4.90
0502301		Glycerin	2 g	12	$2 52
0502703		Magnesium 500 mg		72	$3 60
0503001		Sennoside 25 mg		24	$7.44
0503101		Simethicone/Calcium Carbonate 100/60 mg		310	$18.60

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax. 3173582483
Email:

Invoice

Consignee#: 200006

Ship To:
Haitian Christian Mission (HCM)
3807 Beresford Rd East
West Palm Beach 33417
Haiti

Phone#

Notify:
Haitian Christian Mission (HCM)
3807 Beresford Rd East
West Palm Beach 33417

Phone#

Invoice Reference
300009
Order Date:
03/05/2009
Ship Date:
03/05/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0503102		Simethicone/Calcium Carbonate 1000/60 mg		65	$5 20
0700202		Miconazole Nitrate 200 mg 2%	0 32 oz	11	$36 85
0700205		Miconazole, 1 59 oz ,100 mg, 7-day	1 59 oz	13	$15 60
0700301		Pregnancy Test		3	$3 57
0700401		Tioconazole, 300 mg, 1-day		1	$10 79
0700501		Vagisil Anti-Itch 1%	1 oz	1	$3 99
0700601		Clotrimazole, 1%, 1 5 oz	1 5 oz	24	$119 76
0800402		APAP/Phenylephrine 500/5 mg		16	$0 80
0800501		Brompheniramine/Phenylephrine, 4 oz ,1/2 5 mg/5 ml	4 oz	10	$56 50
0800502		Brompheniramine/Phenylephrine, 8 oz ,1/2 5 mg/5 ml	8 oz	19	$185 63
0801301		Diphenhydramine, Child, 4 oz , 12.5 mg/5 ml	4 oz	1	$2 20
0801302		Diphenhydramin, Child 8 oz ,12 5mg/5 ml	8 oz	1	$3 05
0801303		Diphenhydramine HCL 25 mg		120	$2 40
0801304		Diphenhydramine 12 5 mg	Unit Dose, 5 ml	10	$5 50
0801501		Diphenhydramine/Phenylephrine Child 6 25/2 5 mg	4 oz	2	$5 90
0801701		Guaifenesin, 100 mg/5 ml, 8 oz	8 oz	1	$2.80
0801801		Guaifenesin/Dextromethorphan, Susp 100/10 mg/5 ml	4 oz	3	$13 83
0801804		Guaifenesin/Dextromethorphan 600/30 mg		2,400	$888 00
0801805		Guaifenesin/Dextromethorphan, 12 oz 100/10 mg/5 ml	12 oz	1	$9 08
0801901		Guaifenesin/Phenylephrine 600/20 mg		600	$858 00
0802001		Guaifenesin/Pseudoephedrine 250/120 mg		500	$310 00
0802202		Loratadine 10 mg		154	$10 78
0802203		Loratadine, Child, 5 mg		30	$21 00
0802401		Cough Drop		1,764	$176 40
0802502		Montelukast Sodium (Singulair) 5 mg		12	$39 00
0802503		Montelukast Sodium (Singulair) 10 mg		12	$6 72

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200006

Ship To:
Haitian Christian Mission (HCM)
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Phone#:

Notify:
Haitian Christian Mission (HCM)
3807 Beresford Rd East
West Palm Beach 33417

Phone#:

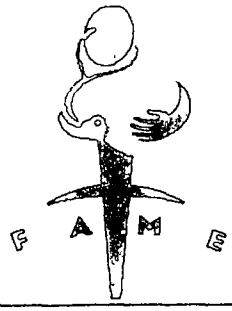
Invoice Reference
300009
Order Date:
03/05/2009
Ship Date:
03/05/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0802601		Multi-Symptom Cold		192	$65 28
0802603		Multi-Symptom Cold, 8 oz	8 oz	1	$5 96
0802604		Multi-Symptom Cold, 10 oz	10 oz.	1	$5.49
0802609		Multi-Symptom Cold, 1 oz	1 oz	6	$27.36
0802703		Phenylephrine, 1 oz.	1 oz	4	$14.24
0802704		Phenylephrine, 0.5 oz	0.5 oz.	3	$10.98
0803404		Saline, 8 ml	8 ml	15	$5.55
0803405		Saline Nasal Gel, Baby (Ayr)	8 ml	22	$13.64
0803602		Mometasone Furoate 220 mcg		1	$117.38
0804401		Chlorpheniramine/Dextromethorphan, 4 oz., 2/15 mg	4 oz	1	$4.87
0804402		Chlorpheniramine/Dextromethorphan, 4 oz., 1/7.5 mg	4 oz.	1	$4 87
0804501		Desloratadine/Pseudoephedrine 2.5/120 mg		16	$12 48
0804601		Desloratidine 5 mg		15	$35 85
0804801		Budesonide 90 mcg		2	$199.68
0804901		Beclomethasone Diproplonate, 7.3 g, 80 mcg	7.3 g	3	$153.00
0900201		Prednisone 5 mg		1,100	$44.00
0900203		Prednisone 10 mg		100	$6 00
1000302		Iron 150 mg		9	$2.16
1000401		Multivitamin, Adult		17,573	$1.054.38
1000402		Multivitamin, Child		13,370	$802.20
1000404		Multivitamin, Infant, 1 2/3 oz.	50 ml	39	$260.13
1000501		Prenatal Vitamin		3,960	$118.80
1100203		A and D, 5 g	5 g	83	$6.64
1100601		Antibiotic Ointment, 1 oz.	1 oz.	1	$4 21
1100603		Antibiotic Ointment, 0 9 oz.	0 9 g	105	$21.00
1101101		Anti-Fungal Cream, 0.5 oz.	0.5 oz.	100	$425.00

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax 3173582483
Email:



Invoice

Consignee#: 200006

Ship To:
Haitian Christian Mission (HCM)
3807 Beresford Rd East
West Palm Beach 33417
Haiti

Phone#

Notify:
Haitian Christian Mission (HCM)
3807 Beresford Rd East
West Palm Beach 33417

Phone#

Invoice Reference
300009
Order Date:
03/05/2009
Ship Date:
03/05/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
1101102		Anti-Fungal cream, 1 oz	1 oz	1	$5 39
1102003		Hydrocortisone, 1 oz	1 oz	125	$373 75
1102601		Neomycin/PolymyxinB/Bacitracin/Hydrocortisone	3 5/10 mg 3 5 g	15	$117 15
1103201		Permethrin, 60 G, 50 mg/g	60 g	10	$291 50
1103401		Silver Sulfadiazine, 85 G	85 g	1	$8 18
1103602		Tetrahydrozoline HCL (Eye) 0 05%	0 5 oz	1	$1 99
1104001		Triple Antibiotic Ointment 0 9 g	0 9 g	145	$14.50
1104002		Antibiotic Ointment, 1 oz	1 oz	74	$365 56
1104003		Antibiotic Ointment, 0 33 oz	0 33 oz	80	$13 60
1104004		Antibiotic Ointment, 0 5 oz	0 5 oz	4	$13 28
1104901		Diphenhydramine 4 oz	4 oz	1	$2 20
1105401		Bacitracin Zinc, 0 5 oz	0 5 oz	2	$3 98
C		c		218	$30 52
		Invoice Totals:		**81628**	**$19,236.31**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message.

4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200008

Ship To:
Del Corazonde Jesucristo

Dominican Republic

Phone#: (___)___-____

Notify:
Del Corazonde Jesucristo

Phone#:

Invoice Reference
300010
Order Date:
03/24/2009

Ship Date:
03/24/2009

Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0100102		APAP 500 mg		1,455	$58 20
0100113		APAP, Suspension, 8 oz., 500 mg	8 oz.	1	$2.95
0100501		IBU 200 mg		2,500	$100 00
0100701		Lidocaine HCL 1% 10 mg/ml	20 ml	1	$13.20
0200201		Albendazole 400 mg		800	$1.200.00
0200302		Amoxicillin 250 mg		500	$125 00
0200502		Ceftriaxone, 1 G	1 G	4	$75 00
0201102		Terbinafine HCL (Lamisil) 1%	24 g	13	$115.83
0201104		Terbinafine 1%	1 oz.	13	$129 87
0201301		Metronidazole 500 mg		400	$712.00
0201701		Sulfamethoxazole/Trimethoprim Susp 200/40/5 ml	16 oz.	3	$241.56
0400301		Metformin, 500 mg		1,000	$690 00
0500103		Calcium Carbonate 750 mg		96	$5.76
0500301		Bismuth, 262 mg		30	$6 30
0500304		Bismuth, 12 oz , 525 mg/15 ml	12 oz	1	$5.98
0500802		Docusate Sodium 100 mg		90	$1.80
0500901		Emetrol, Suspension	4 oz	1	$8 10
0501201		Loperamide 2 mg		56	$2.80
0501401		Omeprazole 20 mg		154	$70.84
0501601		Ranitidine (Zantac) 75 mg		135	$37.80
0501602		Ranitidine (Zantac) 150 mg		174	$287.10
0501701		Simethicone, Infant, 1 oz., 20 mg/0.3 ml	1 oz.	1	$3 36
0501702		Simethicone125 mg		30	$2 10
0501705		Simethicone, Infant, 0.5 oz , 20 mg	0.5 oz.	1	$7 29
0502002		Famotidine 20 mg		286	$20 02
0502203		Calcium Carbonate/Magnesium 700/300 mg		35	$2.45

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax. 3173582483
Email:

Invoice

Consignee#: 200008

Ship To:
Del Corazonde Jesucristo

Dominican Republic

Phone# (___)___-____

Notify:
Del Corazonde Jesucristo

Phone#:

Invoice Reference
300010
Order Date:
03/24/2009

Ship Date:
03/24/2009

Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0503001		Sennoside 25 mg		48	$14 88
0503102		Simethicone/Calcium Carbonate 1000/60 mg		35	$2 80
0503201		Nizatidine 75 mg		50	$11 50
0700301		Pregnancy Test		20	$23 80
0700601		Clotrimazole, 1%, 1 5 oz	1 5 oz	20	$99 80
0800401		APAP/Phenylephrine 325/5 mg		24	$1 20
0800501		Brompheniramine/Phenylephrine 4 oz ,1/2 5 mg/5 ml	4 oz	16	$90 40
0801601		Fexofenadrine/Pseudoephedrine (Allegra D) 180/240		40	$26 00
0801901		Guaifenesin/Phenylephrine 600/20 mg		1 200	$1.716 00
0802601		Multi-Symptom Cold		1.124	$382 16
0803201		Albuterol Sulfate, 17 g, 90 mcg	17 g	2	$43 58
0805401		Dextromethorphan/Doxylamine 15 mg/6.25 mg	6 oz	1	$3 17
0805501		Triamcinolone Acetonide		16	$1,009 92
0805601		Clemastine Fumerate 1 34 mg		16	$5.28
0900401		Mometasone Furoate, 0 1% 1 mg/g	45 g	1	$27 00
0900501		Triamcinolone Acetonide, 0 1% 1 mg/g	80 g	1	$10 50
1000401		Multivitamin, Adult		7.199	$431 94
1000402		Multivitamin, Child		2.636	$158 16
1000404		Multivitamin, Infant, 1 2/3 oz	50 ml	12	$80 04
C		c		175	$24 50
		Invoice Totals:		**20416**	**$8,087.94**

Weight Total: _____ **Piece Count:** _____

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200008

Ship To:
Del Corazonde Jesucristo

Dominican Republic

Phone#: (___)___-____

Notify:
Del Corazonde Jesucristo

Phone#:

Invoice Reference
300010
Order Date:
03/24/2009
Ship Date:
03/24/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200009

Ship To:
Good Samaritan Clinic
2716 E Washington St
Indianapolis IN 46206
United States

Phone# (___)___-____

Notify:
Good Samaritan Clinic
2716 E Washington St
Indianapolis IN 46206

Phone#

Invoice Reference
300011
Order Date:
03/26/2009
Ship Date:
03/26/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0100114		APAP, Suppository, 650 mg		24	$12 72
0100901		IBU, PM, 200 mg		32	$8 32
0101101		Sumatriptan (Imitrex) 6 mg		1	$41 42
0101201		Lidoderm/Lidocaine 5%	Patch	5	$34 40
0201801		Noxafil (Posaconazole), 40 mg/ml, 105 ml	105 ml	6	$3,539 94
0300301		Irbesartan/Hydrochlorothiazide 150/12 5 mg		56	$147 84
0300302		Irbesartan HCT (Avalide) 300/12 5 mg		77	$190 19
0300303		Irbesartan/Hydrochlorothiazide 300/25 mg		56	$182 56
0300401		Azor 40/5 mg		63	$206 64
0300402		Azor 20/10 mg		28	$82 88
0300403		Azor 20/5 mg		56	$146 16
0300404		Azor 40/10 mg		56	$208 32
0300601		Olmesartan/HCT 40/25 mg		112	$324 80
0300603		Olmesartan/HCT 40/12 5 mg		63	$124 11
0301002		Micardis 80 mg		7	$17 29
0301501		Niacin/Simvastatin 500/20 mg		18	$37 98
0301601		Aliskiren (Tekturna) 300 mg		56	$151 20
0301901		Losartan/Potassium HCT (Hyzaar) 100/25 mg		147	$354 27
0301902		Losartan/HCT 100/12 5 mg		140	$39 20
0302002		Carvedilol Phosphate 20 mg		21	$87 36
0302101		Diltiazem		12	$5 76
0302201		Nebivolol 10 mg		21	$40 53
0302202		Nebivolol 5 mg		168	$292 32
0302301		Enoxaparin Sodium 100 mg/3 ml	3 ml	30	$2,549 70
0302401		Isosorbide Mononitrate 60 mg		20	$5 60
0302501		Valsartan 320 mg		56	$175 84

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200009

Ship To:
Good Samaritan Clinic
2716 E Washington St.
Indianapolis IN 46206
United States

Phone#: (___)___-____

Notify:
Good Samaritan Clinic
2716 E Washington St.
Indianapolis IN 46206

Phone#:

Invoice Reference
300011
Order Date:
03/26/2009
Ship Date:
03/26/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0302502		Valsartan 80 mg		28	$88 20
0302503		Valsartan 160 mg		56	$135.52
0302601		Valsartan HCT 160/25 mg		84	$257.04
0302701		Irbesartan 150 mg		28	$46 48
0302702		Irbesartan 300 mg		28	$73 36
0302801		Aspirin/Dipyridamole 25/200 mg		160	$428.80
0302901		Omega 3 Acid/Ethyl Esters (Lovaza) 465/375 mg		16	$22.24
0400501		Metformin/Rosiglitazone 500/4 mg		154	$543.62
0400601		Metformin/Pioglitazone 500/15 mg		56	$182.56
0400602		Metformin/Pioglitazone 850/15 mg		168	$547.68
0400801		Rosiglitazone/Glimepiride 4/2 mg		49	$209.23
0400901		Pioglitazone/Glimepride 30/4 mg		77	$565.95
0401001		Blood Sugar Balance		240	$45 60
0503201		Nizatidine 75 mg		6	$1.38
0503301		Lubiprostone 24 mcg		48	$164.64
0503302		Lubiprostaone 8 mcg		96	$329.28
0503401		Granisetron 1 mg		20	$330 60
0503501		Probiotic		30	$15.90
0503601		Bowel Cleansing (Fleet)		2	$11.78
0503701		Mineral Oil 99.9%	1 Pint	1	$4.42
0503801		Phspho-Soda	1 5 oz	2	$24.38
0503901		Whole Body Laxative/Cleanse		35	$5.95
0600101		Phenytoin, Suspension 125 mg/5 ml	8 oz.	2	$66.60
0600201		Pramipexole 0.25 mg		254	$175.26
0600301		Haloperidol Lactate 2 mg/ml	15 ml	1	$7.75
0802101		Xyzal, 5 mg		8	$0.48

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax. 3173582483
Email:

Invoice

Consignee#: 200009

Ship To:
Good Samaritan Clinic
2716 E Washington St
Indianapolis IN 46206
United States

Phone#: (___)___-____

Notify:
Good Samaritan Clinic
2716 E Washington St
Indianapolis IN 46206

Phone#

Invoice Reference
300011
Order Date:
03/26/2009
Ship Date:
03/26/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0802602		Multi-Symptom Cold, 4 oz	4 oz	1	$4.59
0802610		Multi-Symptom Cold (alka-seltzer)	Dissolve in Water	400	$104 00
0803102		Formetrol Fumerate 12 mcg		18	$39 42
0803202		Albuterol Sulfate, 3 ml, 0 083%	3 ml	80	$40 00
0803301		Ipratropium Bromide 0 02% 0 5 mg/2 5 ml	2 5 ml	30	$13 80
0803401		Saline, 3 ml	3 ml	100	$22 00
0803901		Oxymetazoline (Nasal Decongestant)	1 oz	1	$3 99
0804201		Tiotropium Bromide (Spiriva) 18 mcg		100	$607 00
0805701		Albuterol/Ipratropium (Combivent), 14 7 g	14 7 g	1	$100 00
0805801		Nasal Strip		16	$4 64
1000101		C Vitamin		270	$8 10
1000303		Iron 27 mg		250	$5 00
1000401		Multivitamin, Adult		532	$31 92
1000901		E Vitamin 400 IU		100	$3 00
1001001		Caffeine 200 mg		72	$7 20
1001101		Venastat 600 mg		60	$12 00
1001201		Ibandronate Sodium (Boniva) 150 mg		8	$29 20
1001301		Soy		28	$8 12
1001401		Psyllium Husk 3 4 g	36 8 oz	1	$5 34
1001402		Psyllium Husk	23 3 oz	1	$12 35
1001403		Psyllium Husk	24 1 oz	1	$10 00
1001601		Selenium 200 mcg		100	$2 00
1001701		B6 Vitamin 50 mg		100	$14 00
1001801		Fish Oil/Vitamin D		56	$1 68
1001901		Magnesium 250 mg		200	$4 00
1002001		D Vitamin 400 IU		360	$7 20

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200009

Ship To:
Good Samaritan Clinic
2716 E Washington St.
Indianapolis IN 46206
United States

Phone#: (___)___-____

Notify:
Good Samaritan Clinic
2716 E Washington St.
Indianapolis IN 46206

Phone#:

Invoice Reference
300011
Order Date:
03/26/2009
Ship Date:
03/26/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
1002101		Magnesium (Buffered)/Glycinate		180	$21.60
1002201		Lactase Enzyme		40	$8 40
1002301		Fiber Fusion		112	$5.60
1002401		Super Milk Thistle		28	$3.64
1002501		Viative 500 mg	Soft Chew	90	$9 00
1104601		Tolnaftate, 1%	1 oz.	3	$7.95
1200101		Nicotine 4 mg	Gum	216	$54.00
1200201		Dutasteride 0 5 mg		126	$107.10
		Invoice Totals:		**6661**	**$14,609.89**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200010

Ship To:
Asian Children's Ministry
1419 Miami Lane
Martinsville IN 46151
United States

Phone#. (___)___-____

Notify:
Asian Children's Ministry
1419 Miami Lane
Martinsville IN 46151

Phone#:

Invoice Reference
300012
Order Date:
03/30/2009
Ship Date:
03/30/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0100102		APAP 500 mg		5.000	$200 00
0100106		APAP Children's Meltaway 80 mg		900	$90 00
0100501		IBU 200 mg		1.000	$40 00
0801804		Guaifenesin/Dextromethorphan 600/30 mg		6 000	$2,220 00
1000401		Multivitamin, Adult		1.350	$81 00
		Invoice Totals:		**14250**	**$2,631.00**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message.

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200004

Ship To:
Central Brazil Mission
Woody Wilson
109 Deerfield Ct.
Franklin TN 37069
Brazil

Phone#: (___)___-____

Notify:
Central Brazil Mission
Woody Wilson
109 Deerfield Ct.
Franklin TN 37069

Phone#:

Invoice Reference
300013
Order Date:
03/25/2009
Ship Date:
03/31/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0100102		APAP 500 mg		2,000	$80.00
0100502		IBU 400 mg		1,500	$300 00
0200201		Albendazole 400 mg		800	$1.200.00
0801804		Guaifenesin/Dextromethorphan 600/30 mg		13,200	$4.884.00
0802604		Multi-Symptom Cold, 10 oz	10 oz.	133	$730.17
1000401		Multivitamin, Adult		2,880	$172.80
1100601		Antibiotic Ointment, 1 oz	1 oz	7	$29.47
1101101		Anti-Fungal Cream, 0.5 oz.	0.5 oz	7	$29.75
		Invoice Totals:		**20527**	**$7,426.19**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200012

Ship To:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel
Haiti

Phone#: (___)___-____

Notify:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#.

Invoice Reference
300014
Order Date:
03/26/2009
Ship Date:
03/31/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0801804		Guaifenesin/Dextromethorphan 600/30 mg		25 200	$9,324 00
0802604		Multi-Symptom Cold, 10 oz	10 oz	34	$186 66
		Invoice Totals:		**25234**	**$9,510.66**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message.

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200013

Ship To:
Dr. Doug Burbella
8911 Holmes Road
Kansas City MO 64131
United States

Phone#: (___)___-____

Notify:
Dr. Doug Burbella
8911 Holmes Road
Kansas City MO 64131

Phone#:

Invoice Reference
300015
Order Date:
04/02/2009

Ship Date:
04/02/2009

Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
1000202		Calcium/Vitamin D		156	$4.68
1000203		Calcium/Vitamin D 600 mg/400 IU		1.162	$69.72
1000204		Calcium/Vitamin D 630 mg/ 400 IU		120	$7.20
1000406		Multivitamin, Child, Gummie		60	$2.40
1000601		I-Caps (lutein)		150	$7.50
1000701		B12 Vitamin		100	$3.00
1000802		Potasium Carbonate 595 mg		600	$12.00
1000901		E Vitamin 400 IU		200	$10 00
1000902		E Vitamin 1000 IU		60	$7.80
1001404		Psyllium Husk		320	$12.80
1001405		Psyllium Husk	6.1 oz	1	$5 99
1001501		Teething Tablets		250	$7.50
1001601		Selenium 200 mcg		160	$3.20
1001901		Magnesium 250 mg		120	$2.40
1002002		D Vitamin 2000 IU		200	$8 00
1002201		Lactase Enzyme		360	$75.60
1002601		Fish Oil		220	$15.40
1002801		Beano		100	$11.00
1002901		Hoodia Diet 57 1400 mg		60	$15 60
1003001		Diet Water Pill		60	$4 80
1003101		C Vitamin/Calcium/Citrus Bioflavonoids 500/55/200		510	$30.60
1003201		Glucosamine 1500 mg		482	$19.28
1003301		Niacin 500 mg		120	$3 60
1003401		Ginkgo Biloba 120 mg		30	$5.70
1003501		Fatty Acid Complex		60	$1.20
1003601		Cod Liver Oil		100	$2.00

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200013

Ship To:
Dr. Doug Burbella
8911 Holmes Road
Kansas City MO 64131
United States

Phone# (___)___-____

Notify:
Dr. Doug Burbella
8911 Holmes Road
Kansas City MO 64131

Phone#:

Invoice Reference
300015
Order Date:
04/02/2009
Ship Date:
04/02/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
1003701		Cinnamon 500 mg		200	$10 00
1003801		Papaya Enzyme		180	$3 60
1003901		Whole Food Concentrate		56	$12 32
1004001		Calcium Polycarbophil 625 mg		140	$15 40
1004101		Coral Calcium 1000 mg		120	$7 20
		Invoice Totals:		**6457**	**$397.49**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200014

Ship To:
TCM
Paul Hazar
Austria

Austria

Phone#: (___)___-____

Notify:
TCM
Paul Hazar
Austria

Phone#:

Invoice Reference
300016
Order Date:
04/30/2009
Ship Date:
04/30/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
1000406		Multivitamin, Child, Gummie		1,600	$64.00
		Invoice Totals:		**1600**	**$64.00**

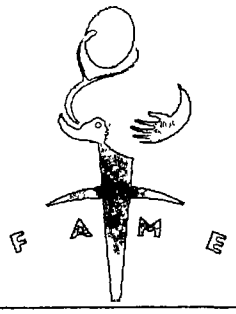
Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:



Invoice

Consignee#: 200015

Ship To:
Worlwide Hispanic Outreach

Notify:
Worlwide Hispanic Outreach

Invoice Reference
300017
Order Date:
05/07/2009
Ship Date:
05/07/2009
Ship Via:
Delivery

Phone# (___)___-____

Phone#

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
700013	1314	Pillow, Standard	1	1	$3 55
700014	1315	Wedge, Bed	1	1	$18 06
700047	1425	Tape, Adhesive Waterproof	8	1	$31 92
700067	1933	Sitz Bath	1	1	$13 90
700089	1593	Meter, Peak Flow	6	1	$77 16
700128	1943	Glove, Exam	36	1	$1 08
700187		Scale, Adult Beam		1	$169 31
700188		Scale Infant		1	$134 04
700189	1919	Mirror, Dental	30	1	$143 70
700190	1920	Kit Dental	1	1	$27 96
700191	1921	Humidifier, Hunter 34352	1	1	$45 59
700192		Support, Toilet		1	$20 97
700193		Machine, EKG Burdick		2	$318 40
700194	1924	Humidifier, Vick's Cool Mist	2	1	$41 44
700195	1925	Tray, Instrument Stainless Steel	11	1	$290 07
700196	1926	Scissors, Suture	40	1	$127 60
700197Z		Light, Exam		1	$31 68
700198		Defibrillator, AED		1	$519 73
700199		Tray, Walker		1	$10 36
700200	1930	Nebulizer	1	1	$36 00
700201	1931	Bar, Grab	1	1	$11 93
700202	1932	Instruments Dental (Various)	12	1	$87 24
700203		Chair Shower		1	$18 19
700204	1935	Hose, Washing Machine	1	1	$7 97
700205		Machine, Dental X-Ray		1	$3 867 67
700206	1937	Scale Bathroom	1	1	$14 39

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200015

Ship To:
Worlwide Hispanic Outreach

Phone#: (___)___-____

Notify:
Worlwide Hispanic Outreach

Phone#:

Invoice Reference
300017
Order Date:
05/07/2009
Ship Date:
05/07/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
700207	1938	Station, Personal Protection	1	1	$147 80
700208	1939	Jump Kit, EMT Tackle Box	2	1	$315.20
700209		Magnifier, Visual Image		1	$1.729.33
700210		Tower, Computer, Refurbished (Used)		2	$150.00
700211		Manniquin, CPR. Infant		1	$293 87
700212		Manniquin, CPR, Child		1	$178.33
700213		Manniquin. CPR. Adult		1	$194.55
700214	1944	Glucometer	1	1	$6 93
700215		Brace, Knee		4	$227 20
700216	1942	Bandage, Ace	3	1	$3 60
		Invoice Totals:		**41**	**$9,316.72**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax 3173582483
Email:

Invoice

Consignee#: 200016

Ship To:
St. Francis NHC
234 E Southern Ave
Indianapolis IN 46225
United States

Phone#: (___)___-____

Notify:
St. Francis NHC
234 E Southern Ave
Indianapolis IN 46225

Phone#:

Invoice Reference
300019
Order Date:
05/12/2009
Ship Date:
05/12/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
700223		Commode, Bedside		1	$27 10
		Invoice Totals:		**1**	**$27.10**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200017

Ship To:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

Notify:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

Invoice Reference
300020
Order Date:
05/12/2009
Ship Date:
05/12/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
700217		Table, Exam Powered		3	$9.588.00
700218		Mattress, Hospital		5	$254.95
700219		Bottle, Pill, Various		12	$48 00
700220	1952	Toothpaste, large	18	1	$9.72
700221	1953	Toothpaste, Small	387	1	$294.12
700222	1954	Toothbrush	339	1	$108 48
		Invoice Totals:		**23**	**$10,303.27**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200012

Ship To:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel
Haiti

Phone#: (___)___-____

Notify:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#.

Invoice Reference
300021
Order Date:
06/20/2009
Ship Date:
06/20/2009
Ship Via:
Pick-up

Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
0100102		APAP 500 mg		100	$4 00
0100111		APAP Children's Chewable 160 mg		100	$17 00
0100401		APAP, Migraine, 250 mg		200	$12 00
0100501		IBU 200 mg		1,600	$64.00
0300101		Aspirin 81 mg		300	$3 00
0802401		Cough Drop		12,096	$1,209 60
0802601		Multi-Symptom Cold		318	$108 12
1000401		Multivitamin, Adult		11,600	$696 00
1001001		Caffeine 200 mg		224	$22 40
1101701		Eye Drops	0 5 oz	30	$36 00
1104401		Petrolatum, 1 75 oz	1 75 oz	24	$23 76
1107701		Chapstick		254	$182 88
700013	2553	Pillow, Standard	2	1	$7 10
700017	2983	Counter, Needle	100	1	$140 00
700018	3035	Drape, Disposable Non-Sterile	1800	1	$306 00
700020	3348	Gown, Disposable	106	1	$66 78
700022	2598	Gown	12	1	$78 36
700027	3004	Mask, Procedure	100	1	$17 00
700029	3052	Mask, Surgical	600	1	$228 00
700029	3349	Mask, Surgical	1180	1	$448 40
700031	2543	Blanket, Baby	12	1	$29 88
700032	2542	Layette, Baby	4	1	$31 84
700032	2996	Layette, Baby	42	1	$334 32
700034	2597	Blanket	45	1	$1,260 00
700042	3286	Bandage, Cohesive (Coban)	498	1	$527 88
700046	3005	Tape, Surgical Paper	2	1	$4 14

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200012

Ship To:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis. Meyer
Jacmel
Haiti

Phone#: (___)___-____

Notify:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#:

Invoice Reference
300021
Order Date:
06/20/2009
Ship Date:
06/20/2009
Ship Via:
Pick-up

Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700046	3258	Tape, Surgical Paper	105	1	$217 35
700050	2993	Steri-Strip	1200	1	$1,548.00
700050	3253	Steri-Strip	18	1	$23.22
700050	3297	Steri-Strip	3	1	$3 87
700056	2989	Tray, Irrigation	60	1	$164 40
700056	3306	Tray, Irrigation	4	1	$10.96
700056	3474	Tray, Irrigation	40	1	$109.60
700064	3345	Chloraprep	50	1	$82.50
700068	2575	Pan, Bed	2100	1	$6,951 00
700081	2986	Bag, Urinary Drain	60	1	$169 20
700083	2990	Catheter, Suction	91	1	$473.20
700083	3262	Catheter, Suction	89	1	$462.80
700083	3301	Catheter, Suction	39	1	$202.80
700083	3473	Catheter, Suction	1700	1	$8,840.00
700088	2620	Mask, Oxygen	10	1	$19 20
700093	3003	Sponge, Drain	51	1	$15 30
700096	3282	Tube, Tracheotomy	88	1	$3,568.40
700097	2985	Kit, Tracheotomy Care	79	1	$95 59
00101	2624	Tube. Suction	50	1	$72.50
00101	3302	Tube, Suction	25	1	$36.25
00119	2550	Ball, Cotton	4002	1	$40.02
00119	2612	Ball, Cotton	1270	1	$12 70
00121	3337	Wipe, Adhesive Remover	359	1	$14.36
00123	3293	Swabstick, Providone Iodine	75	1	$10 50
00129	2992	Glove, Exam	200	1	$4.00
00129	3303	Glove, Exam	2000	1	$40 00

Saturday, May 08, 2010
1:12 pm

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax. 3173582483
Email:

Invoice

Consignee#: 200012

Ship To:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel
Haiti

Phone# (___)___-____

Notify:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#

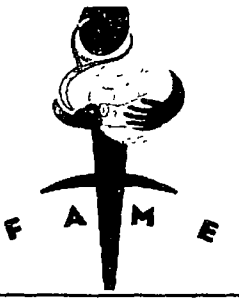
Invoice Reference
300021
Order Date:
06/20/2009
Ship Date:
06/20/2009
Ship Via:
Pick-up

Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700133	2600	Scrub Top	167	1	$131 93
700134	2602	Scrub Pant	152	1	$363 28
700136	2587	Syringe, 60 ml	200	1	$668 00
700136	3330	Syringe, 60 ml	20	1	$66 80
700138	2508	Syringe, 1 ml with needle	7522	1	$2.106 16
700138	3329	Syringe, 1 ml with needle	153	1	$42 84
700139	2510	Syringe 3 ml with needle	4317	1	$1,899 48
700139	2584	Syringe, 3 ml with needle	300	1	$132 00
700139	3285	Syringe, 3 ml with needle	362	1	$159 28
700141	2520	Syringe, 30 ml	36	1	$56 16
700142	2519	Syringe, 20 ml	36	1	$56 88
700142	2585	Syringe, 20 ml	960	1	$1,516 80
700144	2515	Syringe, 10 ml	844	1	$126 60
700144	2578	Syringe, 10 ml	350	1	$52 50
700145	2518	Syringe, 10 ml IV Flush	60	1	$108 00
700146	2513	Syringe, 6 ml	202	1	$44 44
700146	2577	Syringe, 6 ml	1040	1	$228 80
700147	2579	Syringe, 5 ml	350	1	$84 00
700147	2586	Syringe, 5 ml	500	1	$120 00
700147	3284	Syringe, 5 ml	50	1	$12 00
700148	2517	Syringe, 12 ml with needle	1329	1	$345 54
700149	2514	Syringe, 10 ml with needle	144	1	$79 20
700150	2512	Syringe, 5 ml with needle	245	1	$78 40
700150	3331	Syringe, 5 ml with needle	93	1	$29 76
700152	2507	Syringe, Insulin	6835	1	$820 20
700152	2583	Syringe, Insulin	400	1	$48 00

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:



Invoice

Consignee#: 200012

Ship To:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel
Haiti

Phone#: (___)___-____

Notify:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#:

Invoice Reference
300021
Order Date:
06/20/2009
Ship Date:
06/20/2009
Ship Via:
Pick-up

Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700153	2511	Syringe, 3 ml	1491	1	$149 10
700154	2509	Syringe, 1 ml	281	1	$36.53
700157	2516	Syringe, 10 ml Pre-Fill	2761	1	$1.573 77
700158	2523	Needle, Vacutainer	495	1	$188 10
700159	2524	Needle, Dental	510	1	$45.90
700160	2525	Needle, Epidural	43	1	$391 30
700161	2526	Needle, Spinal	339	1	$2.495.04
700162	2527	Needle, Pin	2747	1	$7.581.72
700163	2540	Needle, 30 G	446	1	$120.42
700164	2539	Needle, 29 G	29	1	$9.57
700165	2538	Needle, 27 G	447	1	$40.23
700166	2537	Needle, 26 G	599	1	$59.90
700167	2536	Needle, 25 G	3038	1	$243 04
700169	2535	Needle, 22 G	2792	1	$362 96
00169	3340	Needle, 22 G	48	1	$6 24
00170	2534	Needle, 21 G	3113	1	$466.95
00170	2588	Needle, 21 G	500	1	$75.00
00171	2533	Needle, 20 G	804	1	$96.48
00172	2532	Needle, 19 G	4303	1	$387 27
00173	2531	Needle, 18 G	3511	1	$245.77
00174	2530	Needle, 17 G	400	1	$368.00
00175	2529	Needle, 16 G	173	1	$46.71
00175	2589	Needle, 16 G	600	1	$162.00
00176	2528	Needle, 14 G	10	1	$2.30
00187		Scale, Adult Beam		1	$169.31
00192		Support, Toilet		2	$41 94

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200012

Ship To:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel
Haiti

Phone# (___)___-____

Notify:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#

Invoice Reference
300021
Order Date:
06/20/2009
Ship Date:
06/20/2009
Ship Via:
Pick-up

Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700196	3235	Scissors. Suture	185	1	$590 15
700197Z		Light. Exam		3	$95 04
700198		Defibrillator. AED		2	$1.039 46
700199		Tray. Walker		6	$62 16
700202	2611	Instruments. Dental (Various)	31	1	$225 37
700203		Chair. Shower		2	$36 38
700207	2571	Station. Personal Protection	15	1	$2.217 00
700216	3359	Bandage. Ace	120	1	$144 00
700218		Mattress Hospital		16	$815 84
700223		Commode. Bedside		2	$54 20
700254	3264	Bandage, Elastic	5	1	$5 20
700254	3283	Bandage. Elastic	13	1	$13 52
700263	3034	Kit Sterile Prep	88	1	$124 96
700266	2601	Gown. Surgical	162	1	$257 58
700268	2599	Sheet. Drape	8	1	$1 92
700272	3002	Dressing. Sterile Burn	193	1	$297 22
700280	3334	Tray Skin Prep	6	1	$2 40
700280	3339	Tray. Skin Prep	75	1	$30 00
700283	2622	Speculum. Vaginal	100	1	$399 00
700289	3335	Set. IV Tubing	17	1	$20 40
700291	2994	Gauze. Rolled	240	1	$348 00
700291	3307	Gauze. Rolled	368	1	$533 60
700297	3336	Circuit. Anesthesia Breathing	11	1	$305 03
700303	2997	Drape. Sterile	30	1	$6 60
700303	3259	Drape. Sterile	11	1	$2 42
700303	3281	Drape. Sterile	130	1	$28 60

4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200012

Ship To:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel
Haiti

Phone#: (___)___-____

Notify:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#:

Invoice Reference
300021
Order Date:
06/20/2009
Ship Date:
06/20/2009
Ship Via:
Pick-up

Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700311	3360	Clothing, Assorted	31	1	$248 00
700313	2619	Towels, Surgical	200	1	$32 00
700317	2544	Washcloth	12	1	$0 36
700317	2552	Washcloth	55	1	$1 65
700317	3312	Washcloth	8	1	$0 24
700325	2541	Wipes, Wet	100	1	$23.00
700325	2548	Wipes, Wet	1709	1	$393.07
700329	3328	Tray, Dressing Change	28	1	$129.36
700331	3246	Gauze Pad	1273	1	$76.38
700331	3304	Gauze Pad	3193	1	$191.58
700334	3238	Retractor	6	1	$10.80
700335	3232	Forcep	79	1	$94.01
700340	3233	Hemostat	241	1	$860.37
700341	3237	Knife Handles, Various	15	1	$0 45
700344	3230	Scissors, Various Medical	6	1	$19.08
700344	3236	Scissors, Various Medical	65	1	$206 70
700347	2554	Shoe, Walking	1	1	$31.98
700347	3390	Shoe, Walking	2200	1	$70.356.00
00353	3250	Pad, Alcohol	130	1	$2.60
00353	3289	Pad, Alcohol	1093	1	$21.86
00354	3000	Cup, Urine Specimen	30	1	$6.90
00357	3228	Tray, Instrument (Plastic)	5	1	$5.95
00357	3319	Tray, Instrument (Plastic)	10	1	$11.90
00358	3347	Bottle, Irrigation	14	1	$8.68
00359	3261	Gauze, 2x2	142	1	$1 42
00359	3309	Gauze, 2x2	674	1	$6.74

FAME
4545 Southeastern Avenue
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Tel: (317)-358-2480 Fax: 3173582483
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Consignee#: 200012

Ship To:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel
Haiti

Phone#. (___)___-____

Notify:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#

Invoice Reference
300021
Order Date:
06/20/2009
Ship Date:
06/20/2009
Ship Via:
Pick-up

Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700360	2999	Gauze, 4x4	726	1	$21 78
700360	3243	Gauze, 4x4	648	1	$19 44
700360	3346	Gauze, 4x4	325	1	$9 75
700362	3251	Towelette, Soap	1250	1	$37 50
700363	3255	Dressing, Adhesive Surgical	6	1	$0 36
700367	2616	Cover, Shoe	150	1	$19 50
700367	3051	Cover, Shoe	600	1	$78 00
700368	3323	Pad, Eye	20	1	$3 80
700370	3033	Cap, Surgical	300	1	$63 00
700373	3472	Compressor, Dental	1	1	$131 19
700376	2581	Cart, Metal w/wheels	1	1	$79 57
700376	3008	Cart, Metal w/wheels	2	1	$159 14
700377	3247	Epsom Salt	1	1	$1 66
700383	2562	Wash, Feminine	2	1	$8 36
700385	2566	Cleanser Skin	10	1	$80 00
700387	2558	Lotion, Body	410	1	$820 00
700389	2568	Mouthwash	23	1	$27 37
700391	2563	Shaving Cream, Large	3	1	$3 57
700392	2564	Razors, Disposable	14	1	$2 52
700394	2561	Deoderant, Small	44	1	$51 92
700397	2367	Disinfectant, Contact Lense	1	1	$3 01
700398	2555	Sunscreen	1	1	$1 00
700399	3296	Wash Antiseptic	5	1	$16 55
700400	2559	Sanitizer Hand	23	1	$26 22
700400	3006	Sanitizer, Hand	6	1	$6 84
700400	3358	Sanitizer, Hand	48	1	$54 72

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ontainer #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
00401	2551	Brush, Baby Bottle	12	1	$9.48
'00402	2549	Conditioner, Hair Small	263	1	$94.68
'00403	2613	Q-Tips	5380	1	$53 80
'00404	3263	Applicator, Cotton Tip	160	1	$3.20
'00409	3252	Kit, First Aid	1	1	$22 00
'00409	3322	Kit, First Aid	1	1	$22.00
700410	2557	Wash, Body	29	1	$66.99
700412	2546	Shampoo	254	1	$200.66
700424	3354	Mask, Face	19	1	$3.99
700444	3388	Light, Surgical	4	1	$453.32
700448	3357	Depressor, Tongue	1500	1	$15 00
700451	2506	Magniguide, Insulin Syringe	24	1	$79 92
700452	2521	Syringe, 35 ml with needle	214	1	$353 10
700453	2522	Needle, Cannula	1288	1	$425 04
700454	2572	Light, Over-Bed	18	1	$5,739.30
700455	2573	Light, Cabinet, 2 Feet	1	1	$29.05
700456	2574	Light, Cabinet, 3 Feet	1	1	$29 97
700457	2576	Drape, Craniotomy	9	1	$160.56
700458	2580	Table, Exam, Manual	4	1	$2,398 92
700459	2582	Viewer, X-Ray, 2 Panel	2	1	$200.00
700459	3045	Viewer, X-Ray, 2 Panel	1	1	$100 00
700460	2590	Bar, Trapeze	1	1	$87 10
700460	3009	Bar, Trapeze	1	1	$87.10
700461	2592	Air Conditioner, Window	4	1	$622.88
700462	2593	Sleeve, Air Conditioner	4	1	$124.80
700463	2545	Dress, Girls	84	1	$336 00

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Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700464	2565	Cream, Breast, PureLan	27	1	$51 30
700465	2569	Soap, Bars	60	1	$63 60
700466	2596	Coat, Lab	143	1	$1,113 97
700467	2603	Tip, Walker	32	1	$148 48
700468	2604	Kit, Tennis Ball Feet for Walkers	7	1	$112 00
700469	2605	Wheels, Walker	2	1	$18 00
700470		Crutches		4	$46 36
700471		Cane		16	$319 36
700472		Cane, Quad		3	$26 88
700473	2609	Bedspread	3	1	$38 28
700474	2614	Seat, Toilet	1	1	$7 56
700475	2615	Cannister with Lid, Medi-Vac	20	1	$42 40
700476	2631	Drape, Ophthalmic	23	1	$220 57
700477	2617	Drape, Bilateral Limb	6	1	$52 86
700478	2621	Mask, Anesthesia Face	10	1	$17 60
700479	2623	Drape, Laparoscopic	25	1	$290 50
700480	2625	Crutch/Walker, Platform	3	1	$13 83
700481	2626	Pole IV	1	1	$12 80
700481	3026	Pole, IV	5	1	$64 00
700481	3040	Pole, IV	10	1	$128 00
700489	3046	Pack, Universal Surgical	1	1	$7 07
700489	3362	Pack, Universal Surgical	1	1	$7 07
700493	3299	Gauze, 3x3	427	1	$21 35
700498	2987	Tray, Foley Catheter	50	1	$74 50
700498	3476	Tray, Foley Catheter	10	1	$14 90
700503	3254	Dressing, Tegaderm Transparent	4	1	$2 28

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Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700503	3260	Dressing, Tegaderm Transparent	525	1	$299 25
700503	3300	Dressing, Tegaderm Transparent	25	1	$14 25
700504	3327	Dressing, Alginate	79	1	$199 87
700505	3351	Dressing, Hydrophilic Foam	20	1	$34 00
700508	3341	Dressing, Petrolatum	179	1	$78.76
700509	3350	Cup, Drinking	794	1	$63.52
700510	3037	Basin	52	1	$93 60
700510	3314	Basin	180	1	$324.00
700526	3231	Glass, Magnifying	1	1	$0 95
700540	3050	Basin, Stainless Steel	1	1	$5.89
700540	3242	Basin, Stainless Steel	3	1	$17.67
700550	3036	Bottle, Medicine	308	1	$357 28
700550	3342	Bottle, Medicine	87	1	$100.92
700561	3011	Gurney	3	1	$3.600.00
700563	3477	Wheelchair	1	1	$110.12
700564	3030	Bassinet, Stainless Steel	4	1	$1.475.60
700565	3014	Machine, Anesthesia	2	1	$6.613.32
700572	3032	Bed, Hospital	4	1	$2.160.00
700576	3025	Riser, Toilet Seat	2	1	$31.98
700588	3315	Swabsticks, Alcohol	2808	1	$421 20
700593	3256	Bandaid	842	1	$50 52
700593	3287	Bandaid	376	1	$22 56
700596	2981	Kit, Suture Removal	350	1	$434 00
700597	2982	Gauze. Stretch	50	1	$13.50
700598	2984	Kit, Suction Canister w/Tubing	10	1	$24.80
700599	2988	Meter, Urine	30	1	$326 40

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Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700599	3475	Meter, Urine	40	1	$435 20
700600	2991	Ejector, Saliva	1000	1	$20 00
700601	2995	Pad, Abdominal	128	1	$92 16
700601	3290	Pad, Abdominal	253	1	$182 16
700602	2998	Solution, Irrigating, Sodium Chloride 0 9%, 250 ml	24	1	$57 84
700602	3308	Solution, Irrigating, Sodium Chloride 0 9%, 250 ml	34	1	$81 94
700603	3001	Syringe, Irrigation Piston	37	1	$34 41
700604	3010	Scale, Chair	1	1	$528 53
700605	3012	Pad, Gurney Replacement	6	1	$1,547 22
700606	3013	Strecher, Ambulance	2	1	$511 84
700607	3015	Oximeter, Cardiorerpiratory	2	1	$734.40
700608	3016	Pump, Suction Aspirator Pump	2	1	$359 40
700609	3017	Pump, Suction	1	1	$97 07
700610	3018	Unit, X-Ray	1	1	$40 00
700611	3019	Cart Plastic Utility	1	1	$88 52
700612	3478	Cabinet Small	1	1	$67 69
700613	3024	Crib, Infant Hospital	3	1	$4,195 98
700614	3027	Stool, Exam Room	2	1	$169 96
700614	3039	Stool, Exam Room	2	1	$169 96
700615	3028	Wheelchair, Child	2	1	$444 14
700616	3031	Chair Office	4	1	$176 00
700617	3022	Walker, Standard	4	1	$85 32
700618	3029	Gurney	1	1	$1,066 40
700620	3042	Pack, Sterile Gown and Drape	2	1	$33 86
700621	3041	Shelf/Cabinet	1	1	$23 99
700622	3043	Table, Exam Power	1	1	$2,078 67

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aith and Love In Action Ministries
1 Rue Joissaint Adonis, Meyer
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'hone#: (___)___-____

Notify:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#:

Invoice Reference
300021
Order Date:
06/20/2009
Ship Date:
06/20/2009
Ship Via:
Pick-up

Special Instructions:
Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700623	3047	Pack, Sterile Hip	1	1	$32.00
700624	3048	Set, Proximal Spike Pump	60	1	$381.60
700625	3049	Cover, Mayo Instrument Stand	108	1	$210.60
700626	3053	Sterilizer, Electric Pot	1	1	$543.84
700627	3054	Table, Surgical Manual	1	1	$2,186 67
700628	3056	Machine, Anesthesia for parts	1	1	$60.00
700632	3321	Case, Wipe	1	1	$1 56
700650	3248	Tape, Medical	160	1	$68.80
700650	3333	Tape, Medical	29	1	$12.47
700651	3313	Dressing, Sterile	80	1	$73.60
700660	3291	Syringe, Misc	122	1	$21.96
700668	3221	Electrode, Defibrillation	10	1	$205 00
700669	3222	Electrode, ECG	90	1	$14.40
700670	3223	Electrode, ECG	30	1	$5 40
700671	3224	Electrode, ECG	50	1	$68.50
700672	3225	Electrode, Monitoring	15	1	$5.40
700673	3227	Electrode, Defibrillation	6	1	$115.68
700674	3226	Pad, Defibrillation	8	1	$6.40
700675	3229	Blades, Laryngoscope	8	1	$83.68
700676	3234	Speculum, Nasal	7	1	$44.73
700677	3239	Ruler, 6 Inch Metal	1	1	$1.45
700678	3240	Instruments, Eye (Various)	1	1	$7 84
700679	3241	Curette	2	1	$80.00
700680	3265	Bandage, Triangular	12	1	$3 72
700681	3266	Bandage, Compression	1	1	$1.48
700683	3298	Gauze, Packing Strip Sterile	5	1	$8 65

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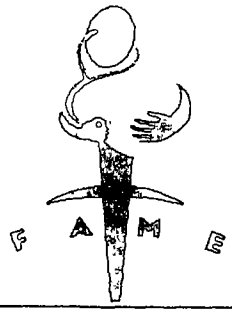

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Consignee#: 200012

Ship To:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis Meyer
Jacmel
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Phone#. (___)___-____

Notify:
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Special Instructions:

Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
700684	3292	Solution. Povidone Iodine Scrub	63	1	$69 93
700685	3288	Dressing. 5 x 9 Surgery Pad	78	1	$182 52
700686	3294	Pad. Povidone Iodine	450	1	$13 50
700687	3295	Ointment Povidone Iodine Packets	15	1	$1 80
700688	3305	Bag Canvas	50	1	$187.50
700689	3310	Cover. Probe	1000	1	$50 00
700690	3311	Container Biohazard	7	1	$276 01
700691	3316	Drape. Sterile Field	95	1	$203 30
700692	3317	Bag. Garbage (Rolls)	5	1	$13 15
700693	3318	Detergent. Laundry Baby	13	1	$71 89
700694	3320	Basket	4	1	$5 52
700695	3324	Pack. Ice	9	1	$43 11
700696	3325	Pack. Hot	1	1	$1 19
700697	3326	Pack. Ice/Hot	4	1	$3.08
700698	3332	Solution. Irrigating. Sodium Chloride 0 9%. 1000 m	12	1	$24 48
700699	3338	Sheet. Dressing Retention	1	1	$5 08
700700	3343	Cup. Medicine	707	1	$14 14
700701	3344	Cap. Spoon 2 tsp	72	1	$72 00
700702	3352	Computer	2	1	$244 74
700703	3353	Adapter. Anesthesia	13	1	$11 05
700704	3355	Alcohol. Rubbing	3	1	$4 80
700705	3356	Hydrogen Peroxide	1	1	$0 80
700706	3361	Stapler Desk	40	1	$117 20
700707	3363	Tray. Germicide Soaking	10	1	$320 00
700708	3364	Tool Box, Steel Contractor	2	1	$102 40
700709	3365	Tool Box. Stanley	1	1	$4 79

Saturday, May 08, 2010
1 12 pm

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545 Southeastern Avenue
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aitian Christian Outreach (HCO)
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Notify:
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Container #: 703109 9 **Seal #:** 8557985

Ref #	Box#	Description	Packing	Quantity	Box Value
'00710	3366	Tower, Computer	2	1	$10.00
'00711	3367	Ballast, Lighting	20	1	$17.60
700712	3368	Light, Outdoor	1	1	$17.98
700713	3369	Container, Sterilite	2	1	$2 96
700714	3370	Spool, Wire	18	1	$70 02
700715	3371	Motor, Blower	1	1	$3 82
700716	3372	Switch Box, Electrical	1	1	$14.80
700717	3373	Solution, Laundry Neutralizer	3	1	$249 60
700718	3374	Solution, Sterilizing	3	1	$47 01
700719	3375	Detergent, Enzymatic Pre-Soak, 1 Gallon	9	1	$168 39
700720	3376	Detergent, Germicidal Disinfectant, 1 Gallon	4	1	$106 20
700721	3377	Detergent, Instrument Dual Enzymatic	4	1	$95 84
700722	3378	Disinfectant, Restroom	12	1	$45.00
700723	3379	Unit, Shelving Storage System	1	1	$90 40
700724	3387	Pump, Suction	2	1	$1,120.00
700725	3389	Autoclave	1	1	$2,158.40
700742	3423	Monitor, Dinamap Pro 1000v3	2	1	$5,359.46
		Invoice Totals:		**27235**	**$196,610.57**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

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Ref #	Box#	Description	Packing	Quantity	Box Value

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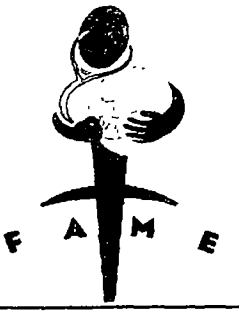

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Notify:
North Western Hatian Christian Mission
7 Morne Fort
St. Louis du nord, Haiti

Janeil
Phone#: 859-312-5928
Jacques St. Charles
Phone#: 509-734-9070

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300022
Order Date:
06/27/2009
Ship Date:
06/27/2009
Ship Via:
Delivery

Special Instructions:
Container #: MSCU 798173 8 **Seal #:** 8557973

Ref #	Box#	Description	Packing	Quantity	Box Value
0100102		APAP 500 mg		1,290	$51.60
0100107		APAP, Infant, 0 5 oz., 80 mg/0 8 ml	0 5 oz.	2	$7 82
0100109		APAP, Child, 4 oz., 160 mg/5 ml	4 oz.	2	$6.06
0100501		IBU 200 mg		2,800	$112.00
0100507		IBU, Infant, 0 5 oz., 50 mg/1.25 ml	0 5 oz.	3	$14 67
0100509		IBU, Child, 4 oz., 100 mg/5 ml	4 oz.	8	$33 04
0100701		Lidocaine HCL 1% 10 mg/ml	20 ml	100	$1.320 00
0101501		Propofol 10 mg/ml, 20 ml		50	$132.00
0101601		Isoflurane 250 ml		12	$360.00
0101701		Ketorolac Tromethamine 30 mg/ml		100	$143 00
0202001		Clarithromycin (Biaxin) 250 mg		1,200	$5.088 00
0202101		Plexion Cleansing Cloth, 3.7 G		2,160	$11.556 00
0202201		Ofloxacin (Floxin) 5 ml, 0.30%		600	$10.800.00
0301201		Candesartan HCT 16/12 5 mg		7	$17 78
0301903		Losartan Potassium 100 mg		1,920	$5.971.20
0302003		Carvedilol Phosphate (Coreg)		7	$29 12
0302702		Irbesartan 300 mg		14	$36 68
0303501		Propafenone HCL (Rythmol SR)		24	$186 24
0303601		Furosemide 40 mg		2,400	$408.00
0501603		Ranitidine (Zantac) 15 mg/ml		24	$2.760.00
0503202		Nizatidine 15 mg/ml		10	$3,362 80
0600501		Paroxetine HCl (Paxil) 20 mg		4,320	$2.332.80
0802101		Xyzal, 5 mg		1	$0 06
0802504		Montelukast Sodium 4 mg	Granules	20	$81.00
0803412		Saline, 1.5 oz.	1.5 oz.	2	$4.50

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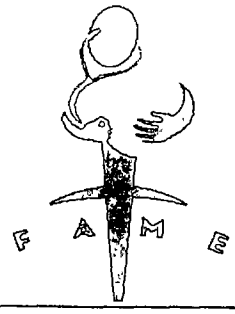

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St Louis du nord. Haiti

Janeil
Phone# 859-312-5928
Jacques St Charles
Phone# 509-734-9070

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Container #: MSCU 798173 8 **Seal #:** 8557973

Ref #	Box#	Description	Packing	Quantity	Box Value
0803414		Sterile Water for Inhalation		10	$15 80
0804701		Cetirizine 10 mg		1 440	$2.908 80
0804703		Cetirizine HCL 4 oz 1mg/5 ml	4 oz	24	$875 76
0804802		Budesodine 180 mcg		7	$958 79
0804803		Budesonide 1mg/2 ml		2	$28 50
0805001		Ciclesonide 50 mcg		6	$507 96
0805002		Ciclesonide (Alvesco) 80 mcg		1	$156 00
0805003		Ciclesonide (Alvesco) 160 mcg		1	$156 00
0805502		Triamcinolone Acetonide (Nasacort) 16 5 G		7	$588 84
1000501		Prenatal Vitamin		336	$10 08
1004201		C Vitamin/ Iron/ Sodium (Fero-Grad-500) 500/95/65		540	$383 40
1100204		Petrolatum. 4 oz	4 oz	2	$6 98
1101701		Eye Drops	0 5 oz	30	$36 00
1101703		Eye Drops	0 65 oz	1	$11 45
1102501		Muscle Rub Cream 1 25 oz		1	$5 50
1103602		Tetrahydrozoline HCL (Eye) 0 05%	0 5 oz	24	$47 76
1104104		Zinc Oxide. 4 oz	4 oz	1	$4 09
1104401		Petrolatum. 1 75 oz	1 75 oz	24	$23 76
1106501		Pain Relief Ear Drops	10 ml	144	$502 56
1107701		Chapstick		20	$14 40
1107702		Chapstick. 0 5 G	0 5 g	3 000	$360 00
1107801		Ciclopirox (Loprox) 30 g. 0 77%	30 g	8	$408 80
1107901		Oxiconazole (Oxistat) 15 G, 1%		6	$210 00
1108001		Desoximetasone. 15 G	15 g	10	$460 60
1200401		Sodium Chloride Irrigation 0 9% 3000 ml	3000 ml	20	$201 80

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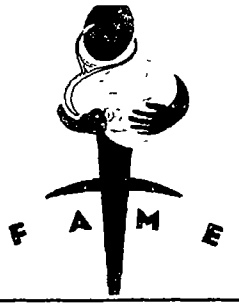

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:ontainer #: MSCU 798173 8 **Seal #:** 8557973

Ref #	Box#	Description	Packing	Quantity	Box Value
200501		Sterile Water Irrigation 3000 ml		4	$47.96
200601		Glycine Irrigation 1.5% 3000 ml		4	$50 36
1300201		Darifenacin (Enablex) 7 5 mg		7	$28.07
700013	2241	Pillow, Standard	12	1	$42 60
700016	2300	Stockinette	1	1	$13.14
700016	2460	Stockinette	2	1	$26.28
700016	2713	Stockinette	1	1	$13.14
700017	2316	Counter, Needle	60	1	$84.00
700018	2183	Drape, Disposable Non-Sterile	138	1	$23 46
700020	2189	Gown, Disposable	50	1	$31 50
700022	2945	Gown	120	1	$783.60
700022	2953	Gown	11	1	$71 83
700022	3161	Gown	10	1	$65.30
700025	2135	Tray, Shave Prep	33	1	$13 20
700025	2220	Tray. Shave Prep	65	1	$26 00
700026	2123	Diaper, Adult	192	1	$99.84
700026	2139	Diaper, Adult	192	1	$99.84
700026	2166	Diaper, Adult	60	1	$31.20
700026	2195	Diaper. Adult	60	1	$31.20
700026	2208	Diaper, Adult	72	1	$37 44
700027	2066	Mask, Procedure	1409	1	$239.53
700027	2081	Mask. Procedure	1625	1	$276.25
700027	2180	Mask, Procedure	1750	1	$297 50
700027	3275	Mask, Procedure	200	1	$34 00
700028	2741	Mask, Fluid Shield	19	1	$23.75

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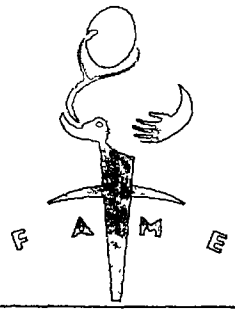

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Ref #	Box#	Description	Packing	Quantity	Box Value
700028	2845	Mask, Fluid Shield	2	1	$2 50
700031	2755	Blanket, Baby	9	1	$22 41
700032	2221	Layette, Baby	13	1	$103 48
700032	2468	Layette, Baby	210	1	$1,671 60
700032	2491	Layette, Baby	48	1	$382 08
700032	3209	Layette, Baby	111	1	$883 56
700034	2951	Blanket	6	1	$168 00
700034	2957	Blanket	17	1	$476 00
700034	3125	Blanket	8	1	$224 00
700034	3141	Blanket	8	1	$224 00
700035	2265	Pad Bladder Protection	432	1	$56 16
700035	2307	Pad Bladder Protection	144	1	$18 72
700035	2325	Pad, Bladder Protection	144	1	$18 72
700035	2780	Pad, Bladder Protection	288	1	$37 44
700036	2207	Pad, Feminine Hygiene	52	1	$3 12
700036	2301	Pad, Feminine Hygiene	344	1	$20 64
700036	2324	Pad, Feminine Hygiene	664	1	$39.84
700036	3128	Pad, Feminine Hygiene	48	1	$2 88
700036	3148	Pad, Feminine Hygiene	48	1	$2 88
700037	1984	Sleeve, Compression, Knee Length	4	1	$31 96
700037	2002	Sleeve, Compression, Knee Length	1	1	$7 99
700038	1983	Sleeve, Compression, Thigh	4	1	$31 96
700038	2010	Sleeve, Compression, Thigh	21	1	$167 79
700038	2021	Sleeve, Compression, Thigh	20	1	$159 80
700042	1999	Bandage, Cohesive (Coban)	1	1	$1 06

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Ref #	Box#	Description	Packing	Quantity	Box Value
700042	2266	Bandage, Cohesive (Coban)	195	1	$206 70
700042	2299	Bandage, Cohesive (Coban)	17	1	$18 02
700042	2689	Bandage, Cohesive (Coban)	2072	1	$2.196 32
700044	2441	Auto Suture	12	1	$950.40
700044	2465	Auto Suture	58	1	$4.593.60
700044	2660	Auto Suture	9	1	$712.80
700046	3110	Tape, Surgical Paper	1	1	$2.07
700046	3278	Tape, Surgical Paper	10	1	$20.70
700047	2664	Tape, Adhesive Waterproof	24	1	$95.76
700047	3135	Tape, Adhesive Waterproof	2	1	$7.98
700047	3147	Tape, Adhesive Waterproof	4	1	$15 96
700048	2297	Tape. Cloth	52	1	$88.40
700050	2670	Steri-Strip	590	1	$761.10
700052	2271	Bottle, Water	36	1	$123.48
700052	2853	Bottle, Water	10	1	$34 30
700052	2856	Bottle, Water	5	1	$17.15
700052	2882	Bottle, Water	1	1	$3 43
700052	2943	Bottle. Water	11	1	$37.73
700055	2967	Rakes and Retractors, Tissue	39	1	$44.85
700056	2234	Tray, Irrigation	11	1	$30 14
700056	2787	Tray, Irrigation	7	1	$19.18
700056	3204	Tray, Irrigation	100	1	$274 00
700057	2047	Set. IV Extension	49	1	$56.84
700057	2151	Set, IV Extension	300	1	$348.00
700057	2191	Set, IV Extension	197	1	$228.52

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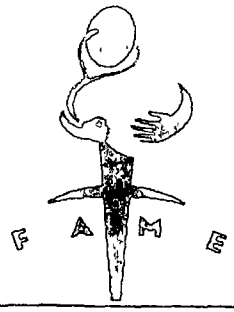

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Ref #	Box#	Description	Packing	Quantity	Box Value
700057	2315	Set IV Extension	37	1	$42 92
700057	2329	Set. IV Extension	49	1	$56 84
700057	2425	Set IV Extension	28	1	$32 48
700057	2706	Set. IV Extension	20	1	$23 20
700058	2034	Set. IV Administration	175	1	$236 25
700058	2049	Set. IV Administration	148	1	$199 80
700058	2100	Set. IV Administration	281	1	$379 35
700058	2164	Set. IV Administration	98	1	$132 30
700058	2190	Set. IV Administration	112	1	$151 20
700058	2203	Set. IV Administration	150	1	$202 50
700058	2426	Set. IV Administration	38	1	$51 30
700058	2704	Set. IV Administration	39	1	$52 65
700058	3063	Set. IV Administration	15	1	$20 25
700063	2152	Set. Microbore Extension	92	1	$327 52
700063	2691	Set. Microbore Extension	29	1	$103 24
700063	2707	Set. Microbore Extension	5	1	$17 80
700064	2186	Chloraprep	500	1	$825 00
700064	2412	Chloraprep	13	1	$21 45
700065	2838	Catheter. IV	712	1	$484 16
700065	2924	Catheter. IV	176	1	$119 68
700066	3118	Catheter. Stabilization	5	1	$28 00
700068	2275	Pan. Bed	16	1	$52 96
700068	2333	Pan. Bed	1	1	$3 31
700068	2464	Pan. Bed	1	1	$3 31
700068	2952	Pan. Bed	2	1	$6 62

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Ref #	Box#	Description	Packing	Quantity	Box Value
700070	2048	Set, IV Primary	50	1	$327.50
700070	2120	Set, IV Primary	48	1	$314.40
700070	2154	Set, IV Primary	37	1	$242.35
700071	2035	Set, IV Valve	25	1	$88 25
700073	2334	Kit, IV Start	48	1	$91.68
700076	2046	Stopcock, IV 3-Way	25	1	$18 75
700079	2033	Set, IV Connector	601	1	$2.121.53
700079	2303	Set, IV Connector	49	1	$172 97
700081	2096	Bag, Urinary Drain	14	1	$39.48
700081	2121	Bag, Urinary Drain	12	1	$33.84
700081	2285	Bag, Urinary Drain	59	1	$166.38
700081	2782	Bag, Urinary Drain	22	1	$62.04
700081	2792	Bag, Urinary Drain	13	1	$36.66
700081	3202	Bag, Urinary Drain	100	1	$282.00
700082	2161	Tray, Urethral Catheterization	100	1	$106 00
700082	2193	Tray, Urethral Catheterization	83	1	$87.98
700082	2223	Tray, Urethral Catheterization	273	1	$289 38
700083	2108	Catheter, Suction	148	1	$769.60
700083	2117	Catheter, Suction	266	1	$1.383.20
700083	2141	Catheter, Suction	50	1	$260.00
700083	2155	Catheter, Suction	49	1	$254 80
700083	2177	Catheter, Suction	207	1	$1.076 40
700083	2224	Catheter, Suction	50	1	$260 00
700083	2319	Catheter, Suction	17	1	$88.40
700083	2402	Catheter, Suction	120	1	$624 00

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700083	2422	Catheter, Suction	34	1	$176 80
700083	2436	Catheter, Suction	100	1	$520 00
700083	2832	Catheter, Suction	38	1	$197 60
700085	2090	Resuscitator, Ambu Bag	29	1	$266 80
700085	2105	Resuscitator, Ambu Bag	14	1	$128 80
700085	2172	Resuscitator, Ambu Bag	6	1	$55 20
700085	2226	Resuscitator Ambu Bag	1	1	$9 20
700085	2641	Resuscitator, Ambu Bag	5	1	$46 00
700085	2847	Resuscitator, Ambu Bag	1	1	$9 20
700086	2828	Mask, Tracheotomy	1	1	$1 56
700087	2136	Mask, Neonate Face	50	1	$86 50
700088	2311	Mask, Oxygen	4	1	$7 68
700088	2408	Mask, Oxygen	39	1	$74 88
700088	2801	Mask, Oxygen	1	1	$1 92
700088	2825	Mask, Oxygen	3	1	$5 76
700088	2846	Mask, Oxygen	1	1	$1 92
700091	3119	Cuff, Blood Pressure	1	1	$102 12
700092	2219	Monitor, Digital Blood Pressure	3	1	$228 21
700093	2642	Sponge, Drain	148	1	$44 40
700093	3193	Sponge, Drain	137	1	$41 10
700094	2175	Closure, Wound, Tegaderm	1000	1	$2,360 00
700097	2639	Kit, Tracheotomy Care	25	1	$30 25
700097	2652	Kit, Tracheotomy Care	16	1	$19 36
700097	2971	Kit, Tracheotomy Care	18	1	$21 78
700097	3168	Kit, Tracheotomy Care	20	1	$24 20

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Ref #	Box#	Description	Packing	Quantity	Box Value
700099	2710	Handle, Yankauer Suction	27	1	$16.20
700100	2939	Instrument, Yankauer Suction	5	1	$7 10
700101	2424	Tube, Suction	46	1	$66.70
700101	2435	Tube, Suction	26	1	$37 70
700101	2709	Tube, Suction	15	1	$21.75
700101	2849	Tube, Suction	5	1	$7 25
700101	2937	Tube, Suction	12	1	$17.40
700101	2969	Tube, Suction	20	1	$29.00
700101	3066	Tube, Suction	2	1	$2.90
700101	3162	Tube, Suction	50	1	$72 50
700106	2056	Kit, Nebulizer	7	1	$88.20
700106	2814	Kit, Nebulizer	21	1	$264 60
700106	2824	Kit, Nebulizer	4	1	$50 40
700107	2062	Kit, Nebulizer Mouthpiece	50	1	$167.00
700107	2095	Kit, Nebulizer Mouthpiece	38	1	$126 92
700109	2094	Tubing, Nebulizer	22	1	$70 40
700109	3117	Tubing, Nebulizer	19	1	$60.80
700111	2065	Kit, Suction Catheter	65	1	$324.35
700111	2312	Kit, Suction Catheter	7	1	$34.93
700111	2446	Kit, Suction Catheter	14	1	$69.86
700111	2829	Kit, Suction Catheter	18	1	$89.82
700111	2934	Kit, Suction Catheter	16	1	$79.84
700111	3064	Kit, Suction Catheter	23	1	$114.77
700111	3586	Kit, Suction Catheter	600	1	$2.994.00
700112	2134	Tissue, Facial	100	1	$164.00

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1.12 pm

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700112	2680	Tissue, Facial	36	1	$59 04
700117	2308	Catheter, Male External	99	1	$1,188 00
700117	2807	Catheter, Male External	21	1	$252 00
700117	2822	Catheter Male External	8	1	$96 00
700119	2371	Ball, Cotton	1150	1	$11 50
700119	3144	Ball, Cotton	100	1	$1 00
700121	2736	Wipe, Adhesive Remover	135	1	$5 40
700124	3084	Eye Glasses	3	1	$6 00
700125	2036	Kit, Repair Eye Glasses	80	1	$80 00
700128	2153	Glove, Exam	500	1	$15 00
700128	2174	Glove, Exam	158	1	$4 74
700129	2040	Glove, Exam	2000	1	$40 00
700129	2057	Glove, Exam	1000	1	$20 00
700129	2069	Glove, Exam	2200	1	$44 00
700129	2087	Glove, Exam	1000	1	$20 00
700129	2091	Glove Exam	1300	1	$26 00
700129	2112	Glove, Exam	1000	1	$20 00
700129	2127	Glove, Exam	900	1	$18 00
700129	2140	Glove, Exam	1100	1	$22 00
700129	2143	Glove, Exam	1700	1	$34 00
700129	2159	Glove, Exam	3500	1	$70 00
700129	2173	Glove, Exam	700	1	$14 00
700129	2206	Glove, Exam	5000	1	$100 00
700129	2218	Glove, Exam	3500	1	$70 00
700129	2237	Glove, Exam	1000	1	$20 00

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700129	2452	Glove, Exam	400	1	$8 00
700129	2471	Glove, Exam	1924	1	$38.48
700129	2666	Glove, Exam	24	1	$0 48
700129	2678	Glove, Exam	750	1	$15.00
700129	2717	Glove, Exam	980	1	$19 60
700129	2917	Glove, Exam	1800	1	$36.00
700129	2925	Glove, Exam	600	1	$12 00
700129	2963	Glove, Exam	700	1	$14.00
700129	3197	Glove, Exam	500	1	$10 00
700129	3201	Glove, Exam	378	1	$7 56
700129	3419	Glove, Exam	2100	1	$42 00
700131	2042	Glove, Sterile	357	1	$299.88
700131	2050	Glove, Sterile	1227	1	$1.030.68
700131	2061	Glove, Sterile	249	1	$209 16
700131	2082	Glove, Sterile	482	1	$404 88
700131	2088	Glove, Sterile	325	1	$273 00
700131	2129	Glove, Sterile	357	1	$299.88
700131	2150	Glove, Sterile	98	1	$82.32
700131	2163	Glove, Sterile	209	1	$175 56
700131	2179	Glove, Sterile	468	1	$393 12
700131	2196	Glove, Sterile	215	1	$180 60
700131	2200	Glove, Sterile	170	1	$142.80
700131	2239	Glove, Sterile	116	1	$1.559 04
700131	2287	Glove, Sterile	200	1	$168.00
700131	2321	Glove, Sterile	360	1	$302.40

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Jacques St Charles
Phone# 509-734-9070

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Container #: MSCU 798173 8 **Seal #:** 8557973

Ref #	Box#	Description	Packing	Quantity	Box Value
700131	3196	Glove, Sterile	325	1	$273 00
700132	2067	Bag, Biohazard	440	1	$13 20
700132	2268	Bag, Biohazard	15	1	$0 45
700133	2171	Scrub Top	38	1	$30.02
700133	2941	Scrub Top	49	1	$38 71
700133	2955	Scrub Top	87	1	$68 73
700134	2211	Scrub Pant	35	1	$83 65
700134	2946	Scrub Pant	20	1	$47 80
700134	2960	Scrub Pant	26	1	$62 14
700136	2292	Syringe, 60 ml	74	1	$247 16
700136	2309	Syringe, 60 ml	38	1	$126 92
700136	2335	Syringe, 60 ml	25	1	$83 50
700136	2393	Syringe, 60 ml	120	1	$400 80
700136	2727	Syringe, 60 ml	30	1	$100 20
700136	2834	Syringe, 60 ml	102	1	$340 68
700136	2926	Syringe, 60 ml	127	1	$424 18
700136	2947	Syringe, 60 ml	25	1	$83 50
700136	2974	Syringe, 60 ml	353	1	$1,179 02
700136	3171	Syringe, 60 ml	49	1	$163 66
700136	3177	Syringe, 60 ml	33	1	$110 22
700138	2495	Syringe, 1 ml with needle	100	1	$28 00
700138	2744	Syringe, 1 ml with needle	94	1	$26 32
700138	2964	Syringe, 1 ml with needle	492	1	$137 76
700139	2438	Syringe, 3 ml with needle	60	1	$26 40
700139	2916	Syringe, 3 ml with needle	315	1	$138 60

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Ref #	Box#	Description	Packing	Quantity	Box Value
700141	2403	Syringe, 30 ml	37	1	$57.72
700141	2972	Syringe, 30 ml	31	1	$48.36
700141	3163	Syringe. 30 ml	139	1	$216.84
700142	2915	Syringe, 20 ml	180	1	$284.40
700142	2973	Syringe, 20 ml	30	1	$47 40
700142	3178	Syringe, 20 ml	26	1	$41.08
700143	2950	Syringe. 12 ml	80	1	$17.60
700144	2401	Syringe, 10 ml	240	1	$36 00
700144	2493	Syringe, 10 ml	167	1	$25.05
700144	2632	Syringe, 10 ml	87	1	$13 05
700144	2653	Syringe, 10 ml	105	1	$15 75
700144	2743	Syringe. 10 ml	77	1	$11 55
700144	2790	Syringe. 10 ml	90	1	$13.50
700144	2839	Syringe, 10 ml	413	1	$61.95
700144	2944	Syringe, 10 ml	14	1	$2.10
700144	3057	Syringe, 10 ml	17	1	$2.55
700144	3183	Syringe, 10 ml	116	1	$17.40
700145	2496	Syringe, 10 ml IV Flush	40	1	$72 00
700145	2742	Syringe, 10 ml IV Flush	59	1	$106 20
700146	2663	Syringe, 6 ml	83	1	$18.26
700147	2395	Syringe, 5 ml	241	1	$57 84
700147	2494	Syringe, 5 ml	99	1	$23 76
700147	2650	Syringe, 5 ml	128	1	$30.72
700147	2848	Syringe, 5 ml	145	1	$34 80
700147	3059	Syringe, 5 ml	100	1	$24 00

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Ref #	Box#	Description	Packing	Quantity	Box Value
700147	3169	Syringe, 5 ml	101	1	$24 24
700147	3173	Syringe, 5 ml	200	1	$48.00
700148	2439	Syringe, 12 ml with needle	21	1	$5 46
700149	2399	Syringe, 10 ml with needle	177	1	$97 35
700149	2645	Syringe, 10 ml with needle	136	1	$74 80
700149	2655	Syringe, 10 ml with needle	83	1	$45 65
700149	3179	Syringe, 10 ml with needle	150	1	$82 50
700150	2654	Syringe, 5 ml with needle	78	1	$24 96
700152	2398	Syringe, Insulin	1543	1	$185 16
700152	2418	Syringe, Insulin	390	1	$46 80
700152	2501	Syringe, Insulin	51	1	$6 12
700152	2637	Syringe, Insulin	58	1	$6 96
700152	2649	Syringe Insulin	990	1	$118 80
700152	2667	Syringe, Insulin	2290	1	$274 80
700152	2914	Syringe, Insulin	319	1	$38.28
700152	2928	Syringe, Insulin	622	1	$74 64
700152	2954	Syringe Insulin	96	1	$11 52
700152	2962	Syringe, Insulin	5736	1	$688 32
700152	3058	Syringe, Insulin	330	1	$39 60
700152	3174	Syringe, Insulin	400	1	$48 00
700153	2433	Syringe, 3 ml	206	1	$20 60
700153	2498	Syringe, 3 ml	172	1	$17 20
700153	2647	Syringe, 3 ml	100	1	$10 00
700153	2651	Syringe, 3 ml	195	1	$19 50
700153	2674	Syringe, 3 ml	65	1	$6 50

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Ref #	Box#	Description	Packing	Quantity	Box Value
700153	2728	Syringe, 3 ml	300	1	$30 00
700153	2781	Syringe, 3 ml	194	1	$19.40
700153	2961	Syringe, 3 ml	1807	1	$180.70
700153	3180	Syringe, 3 ml	99	1	$9.90
700154	2428	Syringe, 1 ml	78	1	$10.14
700154	2633	Syringe, 1 ml	200	1	$26 00
700154	2912	Syringe, 1 ml	493	1	$64.09
700154	3185	Syringe, 1 ml	199	1	$25 87
700156	2635	Syringe, Flush	57	1	$27.93
700156	2843	Syringe, Flush	95	1	$46.55
700156	3170	Syringe, Flush	52	1	$25 48
700158	2870	Needle. Vacutainer	100	1	$38.00
700161	3067	Needle. Spinal	1	1	$7 36
700167	2489	Needle, 25 G	2000	1	$160.00
700167	2913	Needle, 25 G	3892	1	$311 36
700167	2927	Needle, 25 G	973	1	$77 84
700167	2966	Needle, 25 G	1720	1	$137.60
700168	2965	Needle, 23 G	1045	1	$125.40
700169	2490	Needle, 22 G	3000	1	$390.00
700169	2698	Needle, 22 G	50	1	$6 50
700169	2812	Needle, 22 G	100	1	$13.00
700170	2697	Needle, 21 G	450	1	$67.50
700179	2862	Rack, Test Tube	10	1	$31 90
700179	2872	Rack, Test Tube	1	1	$3 19
700181	2413	Tube, Plastic, Purple Top	1000	1	$100.00

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Ref #	Box#	Description	Packing	Quantity	Box Value
700184	2394	Syringe, Bulb	12	1	$47 88
700186	2410	Syringe, 10 ml Sodium Chloride	145	1	$59 45
700186	2430	Syringe, 10 ml Sodium Chloride	48	1	$19 68
700186	2718	Syringe, 10 ml Sodium Chloride	72	1	$29 52
700186	2735	Syringe 10 ml Sodium Chloride	60	1	$24 60
700186	2836	Syringe, 10 ml Sodium Chloride	161	1	$66 01
700187		Scale, Adult Beam		1	$169 31
700195	2885	Tray, Instrument Stainless Steel	3	1	$79 11
700196	2258	Scissors, Suture	60	1	$191 40
700199		Tray, Walker		4	$41 44
700200	2409	Nebulizer	1	1	$36 00
700200	2802	Nebulizer	1	1	$36 00
700200	2816	Nebulizer	60	1	$2,160 00
700202	2254	Instruments, Dental (Various)	18	1	$130 86
700203		Chair, Shower		4	$72 76
700206	3412	Scale, Bathroom	1	1	$14 39
700207	2339	Station, Personal Protection	12	1	$1,773 60
700215		Brace, Knee		12	$681 60
700216	1964	Bandage, Ace	19	1	$22 80
700216	1985	Bandage, Ace	40	1	$48 00
700216	1990	Bandage, Ace	13	1	$15 60
700216	2694	Bandage, Ace	20	1	$24 00
700218		Mattress, Hospital		16	$815 84
700220	3092	Toothpaste, large	2	1	$1 08
700220	3123	Toothpaste, large	1	1	$0 54

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Ref #	Box#	Description	Packing	Quantity	Box Value
700220	3139	Toothpaste, large	2	1	$1.08
700220	3152	Toothpaste, large	168	1	$90.72
700222	2330	Toothbrush	144	1	$46 08
700222	3093	Toothbrush	3	1	$0.96
700222	3124	Toothbrush	6	1	$1 92
700222	3140	Toothbrush	6	1	$1 92
700223		Commode, Bedside		4	$108.40
700224	1957	Brace, Infant Shoes	1	1	$76.36
700225	1958	Brace, Leg	1	1	$87.04
700226	1959	Brace, Ankle	1	1	$27.80
700226	1982	Brace, Ankle	1	1	$27 80
700226	1995	Brace, Ankle	2	1	$55 60
700226	2000	Brace, Ankle	2	1	$55.60
700227	1960	Boot, Ankle Walking	1	1	$39.88
700228	1962	Boot, Cast	1	1	$7.91
700229	1965	Support, Rib Belt	1	1	$6 36
700229	2005	Support, Rib Belt	1	1	$6.36
700230	1966	Kit, Finger Splint	1	1	$55.20
700231	1967	Brace, Wrist	20	1	$80.00
700231	2011	Brace, Wrist	2	1	$8 00
700231	2028	Brace, Wrist	2	1	$8 00
700231	3114	Brace, Wrist	10	1	$40.00
700231	3270	Brace, Wrist	1	1	$4 00
700232	1968	Support, Back	2	1	$28.42
700232	1989	Support, Back	4	1	$56.84

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Ref #	Box#	Description	Packing	Quantity	Box Value
700232	1997	Support, Back	2	1	$28 42
700232	3107	Support, Back	1	1	$14 21
700232	3219	Support, Back	1	1	$14 21
700233	1969	Sleeve, Knee	14	1	$132 86
700234	1971	Cuff, Rehab, Ankle and Wrist	2	1	$26 12
700235	1972	Stocking, Compression, Below the knee	2	1	$45 52
700236	1973	Kit, Ankle Sprain Care	1	1	$34 35
700237	1963	Bandage Plaster	90	1	$270 00
700237	1974	Bandage, Plaster	10	1	$30 00
700237	2031	Bandage, Plaster	10	1	$30 00
700237	2453	Bandage, Plaster	24	1	$72 00
700237	2458	Bandage, Plaster	30	1	$90 00
700237	2701	Bandage, Plaster	10	1	$30 00
700237	2725	Bandage, Plaster	24	1	$72 00
700238	1975	Vest, Safety (Quick Release)	3	1	$94 98
700238	1987	Vest, Safety (Quick Release)	1	1	$31 66
700239	1976	Sling, Arm	5	1	$32 45
700239	1981	Sling, Arm	1	1	$6 49
700239	2012	Sling, Arm	1	1	$6 49
700239	3215	Sling, Arm	1	1	$6 49
700240	1977	Collar, Cervicle	3	1	$16 77
700240	1986	Collar, Cervicle	1	1	$5 59
700240	2016	Collar, Cervicle	1	1	$5 59
700241	1978	Immobilizer, Knee	2	1	$41.76
700241	1993	Immobilizer, Knee	1	1	$20 88

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Ref #	Box#	Description	Packing	Quantity	Box Value
00241	1994	Immobilizer, Knee	2	1	$41 76
00241	2001	Immobilizer, Knee	4	1	$83.52
00241	3218	Immobilizer, Knee	2	1	$41.76
'00242	1979	Splint, Wrist	5	1	$25.00
'00242	2004	Splint, Wrist	1	1	$5.00
'00243	1980	Belt, Walking	2	1	$80.08
'00244	1988	Splint, Finger	69	1	$55 89
'00244	2007	Splint, Finger	1	1	$0.81
'00244	2027	Splint, Finger	1	1	$0.81
'00244	3199	Splint, Finger	6	1	$4.86
'00245	1991	Boot, Unna	2	1	$20.74
'00245	2015	Boot, Unna	2	1	$20.74
'00246	1992	Splint, Leg	2	1	$19 44
'00246	2018	Splint, Leg	2	1	$19.44
'00247	1996	Shoe, Cast	5	1	$106.40
'00248	1998	Shoe, Rehab	19	1	$151.81
'00248	3108	Shoe, Rehab	1	1	$7 99
'00249	2003	Restraint, Limb	2	1	$38 32
'00249	2310	Restraint, Limb	51	1	$977 16
'00250	2006	Immobilizer, Shoulder	5	1	$6 00
'00250	2029	Immobilizer, Shoulder	1	1	$1.20
'00250	3214	Immobilizer, Shoulder	8	1	$9.60
'00251	2008	Splint, Ankle	1	1	$7.99
'00252	2009	Support, Clavicle Collar	1	1	$13.50
'00252	3213	Support, Clavicle Collar	5	1	$67.50

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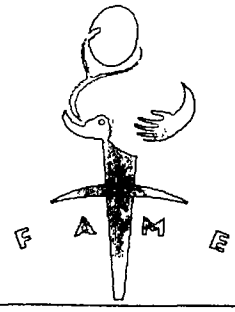

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Ref #	Box#	Description	Packing	Quantity	Box Value
700253	2013	Bandage, Velcro	12	1	$38 04
700254	2017	Bandage, Elastic	18	1	$18 72
700254	2052	Bandage, Elastic	60	1	$62 40
700254	2113	Bandage, Elastic	47	1	$48 88
700254	2461	Bandage, Elastic	7	1	$7 28
700255	2019	Sock Heel and Elbow Protector	1	1	$6 99
700255	2022	Sock, Heel and Elbow Protector	3	1	$20 97
700256	2020	Pantyhose	2	1	$5 20
700257	2014	Support, Breast Therapeutic	15	1	$308 10
700258	2023	Immobilizer, Pedi-Wrap	1	1	$37 70
700259	2024	Splint Board	6	1	$10 08
700260	2026	Support/Binder, Abdominal	1	1	$8 76
700260	3272	Support/Binder Abdominal	28	1	$245 28
700261	2032	Kit Hip Rehab	1	1	$23 96
700262	2037	Cannula, Nasal	36	1	$1 08
700262	2072	Cannula, Nasal	12	1	$0 36
700262	2158	Cannula, Nasal	25	1	$0 75
700262	2290	Cannula, Nasal	25	1	$0 75
700262	2291	Cannula, Nasal	70	1	$2 10
700262	2302	Cannula, Nasal	85	1	$2 55
700262	2419	Cannula, Nasal	146	1	$4 38
700262	2711	Cannula, Nasal	38	1	$1 14
700262	2835	Cannula, Nasal	42	1	$1 26
700263	2038	Kit, Sterile Prep	10	1	$14 20
700264	2039	Kit, Blood Draw	12	1	$24 36

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Ref #	Box#	Description	Packing	Quantity	Box Value
00264	2636	Kit, Blood Draw	128	1	$259.84
00265	2041	Gel, Ultrasound Transmission	1	1	$1.86
00265	2079	Gel, Ultrasound Transmission	25	1	$46.50
00266	2043	Gown, Surgical	11	1	$17 49
00266	2064	Gown, Surgical	28	1	$44.52
00266	2080	Gown, Surgical	10	1	$15.90
00266	2092	Gown, Surgical	7	1	$11.13
00266	2185	Gown, Surgical	20	1	$31 80
00266	2229	Gown, Surgical	17	1	$27.03
00266	2236	Gown, Surgical	20	1	$31.80
00266	2420	Gown, Surgical	30	1	$47 70
00266	2444	Gown, Surgical	16	1	$25 44
00266	2661	Gown, Surgical	16	1	$25.44
00267	2044	Glove, Industrial Grade	1000	1	$200 00
00267	2101	Glove, Industrial Grade	2000	1	$400 00
00267	2454	Glove, Industrial Grade	268	1	$53.60
00267	2473	Glove, Industrial Grade	48	1	$9 60
00267	2499	Glove, Industrial Grade	144	1	$28 80
00267	2644	Glove, Industrial Grade	72	1	$14 40
00268	2045	Sheet, Drape	100	1	$24.00
00268	2133	Sheet, Drape	140	1	$33.60
00268	2147	Sheet, Drape	100	1	$24 00
00268	2160	Sheet, Drape	100	1	$24 00
00268	2181	Sheet, Drape	12	1	$2 88
00268	2400	Sheet, Drape	35	1	$8.40

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Jacques St Charles
Phone# 509-734-9070

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Ref #	Box#	Description	Packing	Quantity	Box Value
700268	2502	Sheet, Drape	9	1	$2 16
700268	2753	Sheet, Drape	35	1	$8 40
700269	2051	Swabsticks, Benzalkonium Chloride	100	1	$39 00
700269	2184	Swabsticks, Benzalkonium Chloride	225	1	$87 75
700270	2053	Wipes Germicidal	7	1	$61 74
700271	2054	Kit, Catheter Insertion	74	1	$149 48
700271	2074	Kit Catheter Insertion	95	1	$191 90
700271	2119	Kit, Catheter Insertion	103	1	$208 06
700271	2149	Kit, Catheter Insertion	166	1	$335 32
700271	2406	Kit Catheter Insertion	1	1	$2 02
700271	2808	Kit, Catheter Insertion	9	1	$18 18
700272	2055	Dressing, Sterile Burn	8	1	$12 32
700272	2276	Dressing, Sterile Burn	74	1	$113 96
700272	2289	Dressing, Sterile Burn	22	1	$33 88
700272	3210	Dressing, Sterile Burn	20	1	$30 80
700272	3279	Dressing, Sterile Burn	65	1	$100 10
700273	2058	Swab, Oral	250	1	$27 50
700273	2089	Swab, Oral	250	1	$27 50
700274	2059	Connector, Clave	315	1	$447 30
700275	2060	Tubing, Medi-Vac/Oxygen	2	1	$1 60
700275	2093	Tubing, Medi-Vac/Oxygen	2	1	$1 60
700275	2228	Tubing, Medi-Vac/Oxygen	10	1	$8 00
700275	2415	Tubing, Medi-Vac/Oxygen	1	1	$0 80
700275	2805	Tubing, Medi-Vac/Oxygen	52	1	$41 60
700275	2936	Tubing, Medi-Vac/Oxygen	4	1	$3 20

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Ref #	Box#	Description	Packing	Quantity	Box Value
700275	3172	Tubing, Medi-Vac/Oxygen	3	1	$2.40
700276	2068	Cannula, Disposable Inner	32	1	$49 28
700277	2070	Stethoscope	46	1	$177 56
700277	2249	Stethoscope	1	1	$3.86
700277	3421	Stethoscope	10	1	$38.60
700278	2071	Set/Bag, Vaginal Irrigation	45	1	$51.75
700279	2073	Chamber, Valved Holding	50	1	$700.50
700279	2923	Chamber, Valved Holding	7	1	$98.07
700280	2075	Tray, Skin Prep	6	1	$2.40
700280	2214	Tray, Skin Prep	6	1	$2.40
700280	2658	Tray, Skin Prep	26	1	$10.40
700281	2076	Set. IV Solution	26	1	$99 06
700281	2404	Set. IV Solution	28	1	$106 68
700281	2692	Set. IV Solution	25	1	$95.25
700282	2077	Bag Large Plastic	115	1	$46 00
700282	2099	Bag Large Plastic	80	1	$32 00
700283	2078	Speculum, Vaginal	217	1	$865.83
700283	2126	Speculum, Vaginal	22	1	$87.78
700283	2255	Speculum, Vaginal	5	1	$19.95
700283	2396	Speculum, Vaginal	100	1	$399.00
700283	2411	Speculum, Vaginal	100	1	$399.00
700283	2803	Speculum, Vaginal	100	1	$399.00
700284	2083	Glove. Sterile	115	1	$20 70
700284	2646	Glove, Sterile	50	1	$9.00
700285	2084	Catheter, Foley	12	1	$86 28

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Ref #	Box#	Description	Packing	Quantity	Box Value
700285	2821	Catheter, Foley	14	1	$100 66
700285	2935	Catheter, Foley	4	1	$28 76
700285	3065	Catheter, Foley	2	1	$14 38
700285	3167	Catheter, Foley	83	1	$596 77
700285	3175	Catheter, Foley	156	1	$1 121 64
700286	2085	Tubing, Surgical	1	1	$3 16
700287	2086	Sponges, Scrub	21	1	$127 68
700288	2097	Bag, Blood	40	1	$350 00
700289	2098	Set, IV Tubing	41	1	$49 20
700289	2103	Set, IV Tubing	1	1	$1 20
700289	2148	Set, IV Tubing	1	1	$1 20
700289	2427	Set, IV Tubing	8	1	$9 60
700289	3150	Set, IV Tubing	60	1	$72 00
700290	2102	Cotton, Absorbent Surgical	6	1	$33 36
700291	2104	Gauze, Rolled	48	1	$69 60
700291	2197	Gauze Rolled	99	1	$143 55
700291	2476	Gauze, Rolled	65	1	$94 25
700291	2504	Gauze, Rolled	12	1	$17 40
700291	2648	Gauze, Rolled	92	1	$133 40
700291	2684	Gauze, Rolled	157	1	$227 65
700291	2700	Gauze, Rolled	110	1	$159 50
700291	3145	Gauze, Rolled	1	1	$1 45
700292	2106	Hood, Surgeon	300	1	$33 00
700292	2294	Hood, Surgeon	100	1	$11 00
700292	2306	Hood, Surgeon	100	1	$11 00

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Ref #	Box#	Description	Packing	Quantity	Box Value
700293	2107	Adapter, Universal Vial	240	1	$496 80
700294	2109	Catheter, Uretheral	67	1	$33.50
700294	2176	Catheter, Uretheral	20	1	$10 00
700295	2110	Tray, Laceration	23	1	$91 08
700295	2156	Tray, Laceration	19	1	$75.24
700296	2111	Nebulizer with Mask and Tubing	50	1	$59.00
700297	2114	Circuit, Anesthesia Breathing	40	1	$1.109 20
700297	2170	Circuit, Anesthesia Breathing	20	1	$554.60
700297	2194	Circuit, Anesthesia Breathing	49	1	$1.358.77
700297	2209	Circuit, Anesthesia Breathing	19	1	$526.87
700298	2115	Container, Sharps	20	1	$30 20
700298	2205	Container, Sharps	10	1	$15 10
700298	2328	Container, Sharps	15	1	$22.65
700298	2804	Container, Sharps	3	1	$4 53
700299	2116	Pack, Perineal Cold	24	1	$57.60
700299	2165	Pack, Perineal Cold	24	1	$57.60
700300	2122	Pack, Ortho Minor Procedure	5	1	$151.90
700301	2124	Set, IV Filter	50	1	$222 00
700302	2125	Slipper Sock, Hospital	48	1	$46.56
700302	2751	Slipper Sock, Hospital	35	1	$33.95
700303	2128	Drape, Sterile	50	1	$11 00
700303	2216	Drape, Sterile	14	1	$3.08
700303	2238	Drape, Sterile	5	1	$1.10
700304	2130	Pillow Case	150	1	$139.50
700304	2222	Pillow Case	100	1	$93.00

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Ref #	Box#	Description	Packing	Quantity	Box Value
700305	2131	Gown, Cover	60	1	$88 80
700305	2145	Gown, Cover	10	1	$14 80
700305	2217	Gown, Cover	60	1	$88 80
700305	2240	Gown, Cover	20	1	$29 60
700306	2132	Tube, Culture Test	1000	1	$50 00
700306	2414	Tube, Culture Test	9	1	$0 45
700306	2871	Tube, Culture Test	20	1	$1 00
700307	2137	Swab, OB/GYN	450	1	$36 00
700308	2138	Underpad	150	1	$25 50
700308	3181	Underpad	159	1	$27 03
700309	2142	Paper Rolls Exam Table	9	1	$13 14
700309	2231	Paper Rolls, Exam Table	39	1	$56 94
700310	2144	Drape, Utility	600	1	$336 00
700311	2146	Clothing, Assorted	1	1	$8 00
700311	2748	Clothing, Assorted	1	1	$8 00
700311	2749	Clothing, Assorted	6	1	$48 00
700312	2157	Kit, Closed Catheter System	100	1	$331 00
700313	2162	Towels, Surgical	718	1	$114 88
700313	2267	Towels, Surgical	453	1	$72 48
700313	2685	Towels, Surgical	179	1	$28 64
700314	2167	Strainer, Urine Calculi	100	1	$135 00
700315	2168	Nipple, Baby Bottle	240	1	$96 00
700316	2169	Afghan, Homemade	14	1	$145 46
700317	2178	Washcloth	100	1	$3 00
700317	2227	Washcloth	950	1	$28 50

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Ref #	Box#	Description	Packing	Quantity	Box Value
700318	2182	Connector, Catheter	107	1	$109 14
700318	3120	Connector, Catheter	87	1	$88.74
700319	2187	Brace, Knee	22	1	$1.249.60
700319	2201	Brace, Knee	1	1	$56.80
700319	2225	Brace, Knee	1	1	$56.80
700319	3198	Brace, Knee	8	1	$454 40
700319	3216	Brace, Knee	6	1	$340 80
700320	2188	Bandage, Knee and Elbow	240	1	$67 20
700320	2202	Bandage, Knee and Elbow	480	1	$134.40
700321	2192	Drape, Thyroid	10	1	$65.50
700322	2198	Set. Anesthesia	48	1	$140 16
700322	2708	Set. Anesthesia	14	1	$40.88
700323	2199	Bag, Anesthesia Breathing	30	1	$75.90
700324	2204	Coverall, Surgical	25	1	$48 25
700325	2210	Wipes, Wet	380	1	$87 40
700325	2450	Wipes, Wet	3600	1	$828.00
700325	3071	Wipes, Wet	720	1	$165 60
700325	3105	Wipes, Wet	517	1	$118.91
700325	3122	Wipes, Wet	560	1	$128.80
700325	3138	Wipes, Wet	560	1	$128.80
700326	2213	Wipes, Germicidal (Wrapped Individual)	881	1	$17.62
700326	2798	Wipes, Germicidal (Wrapped Individual)	324	1	$6.48
700327	2215	Bandage, Cast	5	1	$43.60
700327	3503	Bandage, Cast	9	1	$78.48
700328	2230	Kit. Surgical	8	1	$191.68

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Ref #	Box#	Description	Packing	Quantity	Box Value
700329	2232	Tray, Dressing Change	63	1	$291 06
700329	2416	Tray, Dressing Change	57	1	$263 34
700329	3062	Tray, Dressing Change	6	1	$27 72
700329	3091	Tray, Dressing Change	1	1	$4 62
700329	3116	Tray, Dressing Change	2	1	$9 24
700330	2233	Drape, Minor Procedure	23	1	$62 33
700331	2235	Gauze Pad	3	1	$0 18
700331	2284	Gauze Pad	5907	1	$354 42
700331	2322	Gauze Pad	2500	1	$150 00
700331	2407	Gauze Pad	1064	1	$63 84
700331	2665	Gauze Pad	24	1	$1 44
700331	3129	Gauze Pad	24	1	$1 44
700331	3149	Gauze Pad	31	1	$1 86
700331	3194	Gauze Pad	268	1	$16 08
700331	3207	Gauze Pad	52	1	$3 12
700331	3274	Gauze Pad	140	1	$8 40
700332	2242	Pack, Laparoscopy	6	1	$55 80
700333	2243	Needles, Various	23	1	$1 15
700333	2729	Needles, Various	200	1	$10 00
700334	2244	Retractor	26	1	$46 80
700334	2261	Retractor	4	1	$7 20
700335	2245	Forcep	43	1	$51 17
700335	2332	Forcep	10	1	$11 90
700336	2246	Set, Probe	1	1	$7 16
700337	2247	Cutter, Ring	1	1	$2 20

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Ref #	Box#	Description	Packing	Quantity	Box Value
700338	2248	Rack, Instrument	5	1	$31.95
700339	2250	Instruments, Ortho (Various)	31	1	$124.00
700339	2260	Instruments, Ortho (Various)	11	1	$44.00
700340	2251	Hemostat	122	1	$435 54
700340	2259	Hemostat	126	1	$449 82
700341	2252	Knife Handles, Various	6	1	$0 18
700342	2253	Tip, Suction	2	1	$2.24
700342	2318	Tip, Suction	20	1	$22.40
700343	2256	Clip, Hemostat	1	1	$0.85
700344	2257	Scissors, Various Medical	64	1	$203 52
700345	2262	Cup, Communion	6	1	$103 20
700346	2263	Tubing, Universal	10	1	$32 00
700347	2264	Shoe, Walking	1	1	$31 98
700347	2759	Shoe, Walking	11	1	$351.78
700348	2269	Bowl, Blue Plastic	53	1	$46.11
700349	2270	Tray, Carrying	2	1	$15.98
700350	2272	Kit, Lice Treatment	11	1	$68.42
700351	2273	Gauze Dressing, Petroleum	239	1	$210 32
700352	2274	Urinal	2	1	$2 14
700352	3061	Urinal	1	1	$1.07
700353	2277	Pad, Alcohol	2781	1	$55 62
700353	2323	Pad, Alcohol	3212	1	$64.24
700353	2643	Pad, Alcohol	4000	1	$80.00
700353	2737	Pad, Alcohol	4580	1	$91.60
700353	2800	Pad, Alcohol	328	1	$6.56

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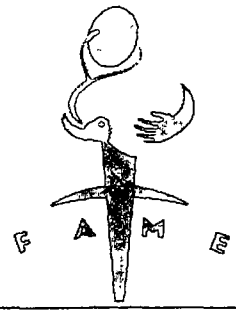

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Ref #	Box#	Description	Packing	Quantity	Box Value
700353	2811	Pad, Alcohol	465	1	$9 30
700353	2970	Pad, Alcohol	2843	1	$56 86
700353	3087	Pad, Alcohol	79	1	$1 58
700353	3112	Pad, Alcohol	241	1	$4 82
700353	3195	Pad, Alcohol	146	1	$2 92
700353	3420	Pad, Alcohol	1500	1	$30 00
700354	2279	Cup, Urine Specimen	16	1	$3 68
700354	2282	Cup, Urine Specimen	157	1	$36 11
700354	2851	Cup Urine Specimen	20	1	$4 60
700354	2860	Cup Urine Specimen	20	1	$4 60
700355	2280	Pan, Plastic Dish	23	1	$18 86
700356	2278	Basin, Emesis	90	1	$18 90
700356	2746	Basin, Emesis	24	1	$5 04
700356	2818	Basin Emesis	28	1	$5 88
700357	2281	Tray, Instrument (Plastic)	6	1	$7 14
700358	2283	Bottle, Irrigation	1	1	$0 62
700359	2286	Gauze, 2x2	4236	1	$42 36
700360	2288	Gauze, 4x4	1161	1	$34 83
700360	2295	Gauze, 4x4	1343	1	$40 29
700360	2434	Gauze, 4x4	343	1	$10 29
700360	2673	Gauze, 4x4	88	1	$2 64
700360	2809	Gauze, 4x4	186	1	$5 58
700360	2852	Gauze, 4x4	100	1	$3 00
700360	2857	Gauze, 4x4	100	1	$3 00
700360	2877	Gauze, 4x4	200	1	$6 00

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700360	3192	Gauze, 4x4	750	1	$22.50
700360	3211	Gauze, 4x4	112	1	$3 36
700361	2293	Dressing, Wound	20	1	$248.00
700361	2788	Dressing, Wound	6	1	$74 40
700362	2296	Towelette, Soap	735	1	$22.05
700362	3277	Towelette, Soap	50	1	$1.50
700363	2298	Dressing, Adhesive Surgical	210	1	$12.60
700364	2304	Briefs, Adult	220	1	$13.20
700364	2327	Briefs, Adult	118	1	$7.08
700364	2397	Briefs, Adult	40	1	$2 40
700364	2940	Briefs, Adult	56	1	$3.36
700365	2305	Cap, Bouffant	100	1	$3.00
700366	2313	System, IV Safety Adapter	75	1	$456.00
700367	2317	Cover, Shoe	82	1	$10.66
700367	2977	Cover, Shoe	215	1	$27.95
700367	3166	Cover, Shoe	300	1	$39 00
700368	2320	Pad, Eye	252	1	$47.88
700369	2314	Tray, Foley Collection System	8	1	$214.88
700369	2789	Tray, Foley Collection System	29	1	$778 94
700370	2326	Cap, Surgical	100	1	$21.00
700370	2976	Cap, Surgical	374	1	$78 54
700371	2331	Hair Brush	24	1	$114 24
700373	2336	Compressor, Dental	1	1	$131 19
700374	2338	Pump, Suction With Cart	1	1	$205 86
700375	2340	Kick Bucket and Frame	4	1	$434.12

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Jacques St Charles
Phone#. 509-734-9070

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Ref #	Box#	Description	Packing	Quantity	Box Value
700376	2341	Cart. Metal w/wheels	1	1	$79 57
700377	2342	Epsom Salt	1	1	$1 66
700378	2343	Towel. Personal Care	50	1	$59 00
700379	2344	System. Personal Douche and Enema	1	1	$7 19
700380	2346	Foot. File	1	1	$0 70
700381	2345	Wash. baby	4	1	$4 32
700381	2369	Wash baby	7	1	$7 56
700381	3104	Wash baby	4	1	$4 32
700382	2347	Mist. Body Small	4	1	$12 48
700382	2386	Mist. Body Small	1	1	$3 12
700383	2348	Wash. Feminine	2	1	$8 36
700383	2364	Wash. Feminine	2	1	$8 36
700384	2350	Scrubber Back	1	1	$1 32
700385	2349	Cleanser. Skin	3	1	$24 00
700386	2351	Groome and Clean	2	1	$5 52
700387	2353	Lotion. Body	1	1	$2 00
700387	2384	Lotion. Body	2	1	$4 00
700387	2668	Lotion. Body	54	1	$108 00
700387	2731	Lotion. Body	47	1	$94 00
700387	3186	Lotion. Body	79	1	$158 00
700389	2355	Mouthwash	23	1	$27 37
700390	2357	Shaving Cream. Small	2	1	$1 70
700390	2385	Shaving Cream. Small	1	1	$0 85
700391	2366	Shaving Cream. Large	1	1	$1 19
700392	2358	Razors Disposable	14	1	$2 52

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Ref #	Box#	Description	Packing	Quantity	Box Value
00393	2359	Lubricant, Surgical	2	1	$2 70
00394	2360	Deoderant, Small	8	1	$9.44
00394	2375	Deoderant, Small	20	1	$23 60
00395	2363	Moisturizer, Vaginal	4	1	$10.52
00395	2388	Moisturizer, Vaginal	1	1	$2.63
00396	2365	Cap, Shampoo	1	1	$2 26
00397	2556	Disinfectant, Contact Lense	1	1	$3.01
00398	2368	Sunscreen	1	1	$1.00
00399	2372	Wash, Antiseptic	1	1	$3.31
00400	2370	Sanitizer, Hand	37	1	$42.18
00401	2373	Brush, Baby Bottle	12	1	$9.48
00402	2374	Conditioner, Hair Small	132	1	$47.52
00402	2387	Conditioner, Hair Small	1	1	$0.36
00403	2376	Q-Tips	2400	1	$24.00
00403	3146	Q-Tips	100	1	$1.00
00404	2377	Applicator, Cotton Tip	100	1	$2 00
00404	2859	Applicator, Cotton Tip	400	1	$8.00
00404	3276	Applicator, Cotton Tip	200	1	$4 00
00405	2378	Lubricant, Personal	5	1	$25.15
00406	2379	Conditioner, Hair Large	4	1	$9.56
00407	2380	Wash, Perineal	1	1	$1 51
00408	2381	Hat, Sun	1	1	$1.99
00409	2382	Kit, First Aid	1	1	$22.00
00409	2457	Kit, First Aid	10	1	$220.00
00410	2383	Wash, Body	1	1	$2.31

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Ref #	Box#	Description	Packing	Quantity	Box Value
700410	2669	Wash Body	40	1	$92 40
700410	2732	Wash, Body	38	1	$87 78
700410	3189	Wash, Body	24	1	$55 44
700411	2389	Toner, Facial	1	1	$0 68
700412	2390	Shampoo	1	1	$0 79
700412	3126	Shampoo	2	1	$1 58
700412	3142	Shampoo	2	1	$1 58
700412	3187	Shampoo	24	1	$18 96
700413	2391	Set, Manicure	1	1	$1 60
700414	2392	Kit, Urine Collection	86	1	$61 06
700414	2417	Kit, Urine Collection	40	1	$28 40
700414	2797	Kit Urine Collection	50	1	$35 50
700414	2831	Kit, Urine Collection	5	1	$3 55
700415	2405	Pad, Nursing	24	1	$1 92
700416	2421	Tourniquet	500	1	$110 00
700416	2431	Tourniquet	12	1	$2 64
700417	2423	Slides, Microscope	636	1	$438 84
700417	2866	Slides, Microscope	150	1	$103 50
700418	2429	IV Valve	9	1	$34 38
700419	2432	Spike, IV	6	1	$10 80
700420	2437	Dressing, ABD	71	1	$20 59
700421	2440	Set, Safety Blood Collection	52	1	$42 64
700421	2676	Set Safety Blood Collection	186	1	$152 52
700421	2690	Set Safety Blood Collection	46	1	$37 72
700421	2705	Set, Safety Blood Collection	12	1	$9 84

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Ref #	Box#	Description	Packing	Quantity	Box Value
700421	2747	Set, Safety Blood Collection	472	1	$387 04
700421	2799	Set, Safety Blood Collection	229	1	$187.78
700421	2876	Set, Safety Blood Collection	20	1	$16.40
700421	2978	Set, Safety Blood Collection	20	1	$16 40
700422	2442	Reload, Auto Suture	16	1	$128.00
700423	2443	Glove, Lab	19	1	$3 80
700424	2447	Mask, Face	39	1	$8.19
700424	2842	Mask, Face	25	1	$5 25
700425	2448	Bracelet, Patient ID	500	1	$45.00
700426	2449	Formula, Baby	6	1	$24 00
700426	2462	Formula, Baby	22	1	$88.00
700426	2883	Formula, Baby	192	1	$768.00
700426	3070	Formula, Baby	132	1	$528.00
700426	3427	Formula, Baby	24	1	$96.00
700426	3430	Formula, Baby	3	1	$12 00
700427	2455	Loop, Inoculation	1000	1	$120.00
700428	2456	Kit, CPR Pocket	3	1	$7.62
00429	2459	Gauze, Tubular	2	1	$25 04
00430	2463	Pad, Mattress Crib	1	1	$3.98
00431	2467	Suture	1046	1	$261.50
00431	2672	Suture	3	1	$0.75
00431	2929	Suture	1	1	$0.25
00432	2472	Pad, Labor and Delivery	175	1	$131 25
00433	2474	Bag, Sodium Chloride IV, 1000 ml	7	1	$12.60
00434	2475	Water, Sterile, 1650 ml	8	1	$149.60

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Ref #	Box#	Description	Packing	Quantity	Box Value
700435	2470	Pouch, Sterilization	700	1	$28 00
700436	2477	System, External Fixation	2	1	$115.62
700437	2478	System, Fracture Fixation	2	1	$320 00
700438	2479	System, Hip	1	1	$440 00
700439	2480	Device, External Fixation	1	1	$156 00
700440	2481	System, Tibial Nail and Screws	1	1	$388 00
700441	2482	System Tibial Instrument	1	1	$760 00
700442	2483	Set, Universal Nail	2	1	$88 00
700443	2484	Set, Insertion and Locking	1	1	$3,198 00
700444	2485	Light, Surgical	1	1	$113 33
700445	2492	Lotion, Baby	29	1	$83 23
700445	3102	Lotion, Baby	5	1	$14 35
700447	2497	Glove, Orthopedic	50	1	$239 00
700448	2500	Depressor, Tongue	1000	1	$10 00
700449	2503	Airway, various	68	1	$145 52
700450	2505	Cutter/Saw, Cast	1	1	$38 50
700460	3158	Bar, Trapeze	1	1	$87 10
700465	3094	Soap, Bars	17	1	$18 02
700465	3585	Soap, Bars	240	1	$254 40
700466	2949	Coat, Lab	55	1	$428 45
700466	2956	Coat, Lab	65	1	$506 35
700470		Crutches		36	$417 24
700471		Cane		2	$39 92
700472		Cane, Quad		8	$71 68
700474	3156	Seat, Toilet	1	1	$7 56

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Ref #	Box#	Description	Packing	Quantity	Box Value
'00479	2813	Drape, Laparoscopic	14	1	$162.68
'00481	2908	Pole, IV	6	1	$76.80
'00481	3411	Pole, IV	9	1	$115.20
'00481	3413	Pole, IV	1	1	$12.80
'00482	2634	Bottle, Bubble Humidifier	15	1	$21.45
'00482	2686	Bottle, Bubble Humidifier	20	1	$28.60
'00483	2638	Sponge	29	1	$2.32
'00483	2656	Sponge	18	1	$1.44
'00483	2726	Sponge	85	1	$6.80
'00483	2922	Sponge	29	1	$2.32
'00484	2640	Dressing Gel, Wound	29	1	$264.48
'00484	2721	Dressing Gel, Wound	25	1	$228.00
'00485	2657	Kit, Catheter and Glove	34	1	$25 50
'00485	2688	Kit. Catheter and Glove	70	1	$52 50
'00485	2830	Kit. Catheter and Glove	1	1	$0 75
'00486	2659	Lancet	90	1	$1.80
'00486	2677	Lancet	8100	1	$162.00
'00486	2703	Lancet	30	1	$0.60
'00486	2734	Lancet	10100	1	$202 00
'00486	2948	Lancet	200	1	$4 00
'00486	3438	Lancet	100	1	$2.00
'00487	2662	Solidifying Beads, 16000 cc	20	1	$344.00
'00488	2671	Bandage, Liquid	2	1	$4 76
'00489	2675	Pack, Universal Surgical	36	1	$254.52
'00490	2679	Tray, Central Line Dressing	12	1	$65.64

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Ref #	Box#	Description	Packing	Quantity	Box Value
700491	2681	Blanket, Thermal Reflective	24	1	$26 88
700492	2682	Mask, Protective Airway	24	1	$153 36
700493	2683	Gauze, 3x3	1498	1	$74 90
700493	2733	Gauze 3x3	24	1	$1 20
700493	2810	Gauze, 3x3	1	1	$0 05
700494	2687	Jar, Glass Apothecary	4	1	$25 56
700494	3191	Jar, Glass Apothecary	6	1	$38 34
700495	2693	Bag, First Aid (Empty)	24	1	$7 20
700496	2695	Pin, Safety	39	1	$0 78
700497	2696	System, Interlink Solution	17	1	$6 29
700498	2702	Tray, Foley Catheter	15	1	$22 35
700498	2723	Tray, Foley Catheter	25	1	$37 25
700498	2791	Tray, Foley Catheter	7	1	$10 43
700498	2795	Tray, Foley Catheter	3	1	$4 47
700498	2823	Tray, Foley Catheter	3	1	$4 47
700498	3206	Tray, Foley Catheter	150	1	$223 50
700499	2712	Pipet, Sterile Transfer	616	1	$24 64
700499	2850	Pipet, Sterile Transfer	80	1	$3 20
700499	2873	Pipet, Sterile Transfer	22	1	$0 88
700499	3410	Pipet, Sterile Transfer	2500	1	$100 00
700500	2714	Paper, Bibulous	750	1	$37 50
700501	2715	Tube, Flint Glass	500	1	$15 00
700502	2716	Tip, Pipet	2000	1	$100 00
700502	2880	Tip, Pipet	960	1	$48 00
700503	2719	Dressing, Tegaderm Transparent	18	1	$10 26

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Ref #	Box#	Description	Packing	Quantity	Box Value
700504	2720	Dressing, Alginate	229	1	$579.37
700505	2722	Dressing, Hydrophilic Foam	23	1	$39 10
700506	2724	Connector, Swivel Oxygen	223	1	$307 74
700507	2730	Marker, Surgical Skin	74	1	$16 28
700507	2932	Marker, Surgical Skin	2	1	$0.44
700508	2738	Dressing, Petrolatum	176	1	$77 44
700509	2740	Cup. Drinking	72	1	$5.76
700510	2739	Basin	149	1	$268 20
700510	2783	Basin	52	1	$93 60
700510	2820	Basin	28	1	$50 40
700511	2745	Pitcher. Water	78	1	$311.22
700511	2794	Pitcher, Water	80	1	$319.20
700512	2750	Ruler, 12 inch	4	1	$0.72
700513	2754	Gown. Hospital	16	1	$64.00
700514	2756	Clothing, Childs	52	1	$82 68
700514	2758	Clothing, Childs	85	1	$135.15
700514	3074	Clothing, Childs	1	1	$1.59
700515	2757	Clothing, Sweats	8	1	$10 40
700516	2752	Clothing, Women	61	1	$96 99
700516	2760	Clothing, Women	14	1	$22 26
700516	3073	Clothing, Women	3	1	$4.77
700517	2761	Cover, Diaper	7	1	$16 52
700518	2762	Washcloth, Baby	12	1	$0.24
700519	2763	Socks, Baby	3	1	$2 40
700519	3099	Socks, Baby	17	1	$13.60

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Ref #	Box#	Description	Packing	Quantity	Box Value
700520	2764	Diaper Pins, Box of 4	1	1	$0 98
700520	3095	Diaper Pins, Box of 4	3	1	$2 94
700521	2765	Clothing, Baby	6	1	$2 40
700521	3072	Clothing, Baby	24	1	$9 60
700522	2766	Clothing, Scarf	6	1	$48 00
700523	2767	Pad, Note	75	1	$64 50
700524	2768	Rope, Jump	61	1	$10 98
700525	2769	Puzzle	3	1	$15 57
700526	2770	Glass, Magnifying	1	1	$0 95
700527	2771	Bag Carry-All	4	1	$12 80
700528	2772	Toy, Small	37	1	$14 80
700528	3078	Toy, Small	120	1	$48 00
700528	3165	Toy, Small	103	1	$41 20
700528	3418	Toy, Small	139	1	$55 60
700529	2773	Hair Accessories, Various	3	1	$1 20
700529	3077	Hair Accessories, Various	44	1	$17 60
700530	2774	Jewelery, Various	1	1	$1 27
700531	2775	Scissors, Child	1	1	$0 39
700532	2776	Pencil, Wood	37	1	$1 85
700532	3399	Pencil, Wood	36	1	$1 80
700533	2777	Toy, Stuffed Animal	153	1	$73 44
700534	2778	Cube, Paper	7	1	$6 51
700535	2779	Pen, Ink	400	1	$48 00
700536	2784	Holder, Catheter Tube Strap	47	1	$78 49
700537	2785	Kit Waste Management	4	1	$109 92

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Ref #	Box#	Description	Packing	Quantity	Box Value
700538	2793	Kit. Oral Suction	30	1	$47 10
700539	2796	Kit. Catheter Extension Tubing and Connector	2	1	$5 20
700540	2815	Basin. Stainless Steel	8	1	$47 12
700541	2806	Catheter, Female	85	1	$35 70
700541	2844	Catheter, Female	146	1	$61.32
700542	2817	Napkin, Cloth	33	1	$32.34
700543	2826	Mask, Non-rebreather	1	1	$1.18
700544	2837	Splint, Ortho-Glass	1	1	$20 02
700545	2840	Towel. Disinfectant w/bleach	147	1	$22 05
700546	2841	Set. Winged Infusion	281	1	$123.64
700547	2854	Binder. 3-Ring	3	1	$2.58
700548	2855	Stamp, Office	1	1	$3.84
700549	2858	Wipes, Kim	7	1	$14.00
700550	2861	Bottle. Medicine	20	1	$23.20
700550	3422	Bottle, Medicine	132	1	$153.12
700551	2863	Hemocytometer	3	1	$67 17
700552	2864	Paper. Lens	600	1	$12 00
700553	2865	Rack. Slide Drying	1	1	$37 56
700554	2867	Tube, Hematocrit	3	1	$1 74
700555	2868	Cap, Tube	500	1	$25.00
700556	2869	Paper, Filter	200	1	$40 00
700557	2874	Refractometer	1	1	$105.88
700558	2875	Slides, Microscope Cover	800	1	$8 00
700559	2878	Parafilm	1	1	$12.25
700560	2881	Dispensette	1	1	$139.63

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Container #: MSCU 798173 8 **Seal #:** 8557973

Ref #	Box#	Description	Packing	Quantity	Box Value
700561	2884	Gurney	2	1	$2 400.00
700562	2886	Tool Suction	9	1	$7 83
700563	2887	Wheelchair	10	1	$1,101 20
700563	2898	Wheelchair	3	1	$330 36
700564	2888	Bassinet, Stainless Steel	1	1	$368 90
700565	2889	Machine, Anesthesia	2	1	$6,613 32
700566	2890	Monitor, Dinamap and Accessories	2	1	$1,560 00
700567	2891	Incubator, Infant (Isolettes)	1	1	$666 40
700567	3068	Incubator, Infant (Isolettes)	1	1	$666 40
700568	2892	Microscope	1	1	$479 20
700569	2893	Pump, Suction	2	1	$607 92
700570	2895	Box, Light Source	2	1	$399 88
700571	2896	Otoscope/Opthalmascope	2	1	$396 80
700572	2897	Bed, Hospital	1	1	$540 00
700573	2900	Walker, Folding	5	1	$112 05
700574	2901	Cushion, Wheel Chair	1	1	$7 96
700575	2902	Holder, Oxygen Tank for Wheelchair	1	1	$13 56
700576	2903	Riser, Toilet Seat	6	1	$95 94
700577	2904	Bench, Shower/Bath	4	1	$223 96
700578	2905	Walker, Rolling	2	1	$126 40
700579	2906	Stand, Mayo with Tray	1	1	$55 03
700580	2910	Bed, Birthing	1	1	$933 32
700581	2907	Autoclave	2	1	$1,546 66
700582	2918	Handgrip, Crutch	8	1	$18 00
700583	2919	Cushion, Crutch Underarm	14	1	$39 34

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200018

Ship To:
North Western Hatian Christian Mission
7 Morne Fort
St Louis du nord, Haiti
Haiti

Phone#:

Notify:
North Western Hatian Christian Mission
7 Morne Fort
St Louis du nord, Haiti

Janeil
Phone#: 859-312-5928
Jacques St Charles
Phone#: 509-734-9070

Invoice Reference
300022
Order Date:
06/27/2009
Ship Date:
06/27/2009
Ship Via:
Delivery

Special Instructions:

Container #: MSCU 798173 8 **Seal #:** 8557973

Ref #	Box#	Description	Packing	Quantity	Box Value
700584	2920	Tip, Crutch	74	1	$166.50
700585	2921	Container, Dual Chamber Mixing	45	1	$1.082 70
700586	2930	Sponge, Prep. Green Soap	3	1	$0.51
700587	2933	Scalpel	3	1	$0.33
700588	2931	Swabsticks, Alcohol	10	1	$1 50
700589	2938	Tube, Lavage/Stomach	4	1	$394 60
700590	2942	Tube, Centrifuge	96	1	$31 68
700591	2958	Barrier, Skin, Ostomy	20	1	$207.20
700592	2959	Belt, Ostomy	3	1	$12.69
700593	2968	Bandaid	3300	1	$198.00
700594	2979	Tube, Ear	40	1	$14 80
700595	2980	Canister, Suction	18	1	$1.039.68
700596	3208	Kit, Suture Removal	150	1	$186 00
700599	3203	Meter. Urine	100	1	$1.088.00
700601	3090	Pad. Abdominal	1	1	$0 72
700601	3273	Pad, Abdominal	50	1	$36.00
700614	3584	Stool. Exam Room	3	1	$254 94
700629	3060	Aspirator, Medical Vac	2	1	$450.00
700630	3069	Diaper, Baby	204	1	$44.88
700630	3096	Diaper, Baby	13	1	$2.86
700630	3106	Diaper, Baby	55	1	$12.10
00630	3121	Diaper, Baby	64	1	$14.08
00630	3136	Diaper, Baby	68	1	$14 96
00631	3076	Bottle, Baby w/nipple	2	1	$3.68
00632	3079	Case, Wipe	1	1	$1.56

Saturday, May 08, 2010
1 12 pm

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200018

Ship To:
North Western Hatian Christian Mission
7 Morne Fort
St Louis du nord, Haiti
Haiti

Phone#

Notify:
North Western Hatian Christian Mission
7 Morne Fort
St Louis du nord, Haiti

Janeil
Phone# 859-312-5928
Jacques St Charles
Phone#. 509-734-9070

Invoice Reference
300022
Order Date:
06/27/2009
Ship Date:
06/27/2009
Ship Via:
Delivery

Special Instructions:

Container #: MSCU 798173 8 **Seal #:** 8557973

Ref #	Box#	Description	Packing	Quantity	Box Value
700633	3075	Cup Sippy	5	1	$5 00
700635	3081	Player, DVD	1	1	$19 18
700636	3082	VCR	1	1	$16 00
700637	3083	Glucometer, DEX	1	1	$10 00
700638	3085	Test, Fecal Blood	404	1	$157 56
700639	3088	Cleaner, Glasses Lens	8	1	$7 20
700640	3089	Soak Foot	4	1	$6 36
700641	3097	Diaper, Baby Cloth	28	1	$20 44
700641	3134	Diaper, Baby Cloth	12	1	$8 76
700641	3137	Diaper, Baby Cloth	12	1	$8 76
700642	3098	Shoe, Baby	3	1	$7 08
700643	3100	Bib, Baby	2	1	$4 00
700644	3101	Powder Baby	7	1	$3 43
700645	3103	Shampoo, Baby	5	1	$5 70
700646	3109	Cast, Air	1	1	$52 53
700647	3111	Ball, Hand Exercise	3	1	$8 91
700648	3113	Clothing, T-Shirt	10	1	$15 90
700648	3417	Clothing, T-Shirt	2	1	$3 18
700649	3115	Battery 9 Volt	4	1	$1 92
700650	3127	Tape, Medical	2	1	$0 86
700651	3130	Dressing, Sterile	29	1	$26 68
700651	3143	Dressing, Sterile	29	1	$26 68
700652	3131	Clothing, Mens	4	1	$7 28
700653	3132	Nail Clippers	4	1	$3 20
700654	3133	Knife, Kitchen	1	1	$4 39

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200018

Ship To:
North Western Hatian Christian Mission
7 Morne Fort
St. Louis du nord, Haiti
Haiti

Phone#:

Notify:
North Western Hatian Christian Mission
7 Morne Fort
St. Louis du nord, Haiti

Janeil
Phone#: 859-312-5928
Jacques St Charles
Phone#: 509-734-9070

Invoice Reference
300022
Order Date:
06/27/2009
Ship Date:
06/27/2009
Ship Via:
Delivery

Special Instructions:

Container #: MSCU 798173 8 **Seal #:** 8557973

Ref #	Box#	Description	Packing	Quantity	Box Value
700655	3151	Tray, Pill Counting	25	1	$114 75
700656	3153	Kit, Hygiene	12	1	$72 00
700657	3157	Attachment, Cane/Crutch	14	1	$335 44
700658	3164	Kit, Delivery	30	1	$203 70
700659	3176	Lubricant, Surgical	514	1	$51.40
700660	3182	Syringe, Misc	32	1	$5 76
700661	3184	Electrode, Dual Dispersive	65	1	$282.75
700662	3188	Clothing, Bra	301	1	$2.645 79
700663	3190	Balm, Skin Saver	4	1	$13.60
700664	3200	Pad, Hip Protection	2	1	$17 52
700664	3212	Pad, Hip Protection	3	1	$26.28
700665	3205	Container, Sterile Lukens Specimen	100	1	$184.00
700666	3217	Strap, Clavicle	1	1	$8 09
700667	3220	Support, Elbow	1	1	$5 87
700682	3271	Cryo Cuff	1	1	$56 00
700683	3280	Gauze, Packing Strip Sterile	24	1	$41 52
700724	3504	Pump, Suction	2	1	$1.120.00
700726	3396	Crayon	832	1	$41.60
700727	3397	Paper, Construction	5	1	$0.15
700728	3398	Book, Drawing	22	1	$84.26
700729	3400	Board, Dry Erase	12	1	$10.44
700730	3401	Marker, Dry Erase	9	1	$2.88
700731	3402	Eraser, Pencil Tip	25	1	$1 00
700732	3403	Eraser, Dry Erase Board	25	1	$39.50
700733	3404	Stick, Glue	12	1	$2 52

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax 3173582483
Email:

Invoice

Consignee#: 200018

Ship To:
North Western Hatian Christian Mission
7 Morne Fort
St Louis du nord, Haiti
Haiti

Phone#:

Notify:
North Western Hatian Christian Mission
7 Morne Fort
St. Louis du nord, Haiti

Janeil
Phone# 859-312-5928
Jacques St Charles
Phone#. 509-734-9070

Invoice Reference
300022
Order Date:
06/27/2009
Ship Date:
06/27/2009
Ship Via:
Delivery

Special Instructions:

Container #: MSCU 798173 8 **Seal #:** 8557973

Ref #	Box#	Description	Packing	Quantity	Box Value
700734	3405	Puzzle, Create A	48	1	$48 00
700735	3406	Paint Acrylic Art, 8 oz	36	1	$79.20
700736	3407	Chalk, Stick	84	1	$9 24
700737	3408	Brush Art Paint	321	1	$99 51
700738	3409	Paper	2	1	$31 60
700739	3414	Bed, Hospital	4	1	$1,927 44
700740	3415	Supplies, School Various	47	1	$9 87
700741	3416	Backpack	14	1	$15 26
700743	3439	Test Strips, Blood Glucose	25	1	$8 50
700744	3424	Therapy, Eucerin Dry Skin	97	1	$155 20
700745	3429	Solution, Irrigating, Sodium Chloride 0 9%, 100 ml	3	1	$3 54
700749	3582	Chair, Exam Power	1	1	$2,880 00
700750	3583	Table Treatment	3	1	$2,615.61
		Invoice Totals:		**23919**	**$211,330.26**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200019

Ship To:
Panama Christian Evangelism
705 Pineview Dr
Zionsville 46077
Panama

Debbie H
Phone#:

Notify:
Panama Christian Evangelism
705 Pineview Dr
Zionsville 46077

Phone#:

Invoice Reference
300023
Order Date:
04/22/2009
Ship Date:
04/22/2009
Ship Via:
Delivery

Special Instructions:

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
)100101		APAP 325 mg		4,000	$80.00
)100501		IBU 200 mg		6.000	$240 00
)101801		Xylocaine 5 ml, 1%		20	$54.20
)200201		Albendazole 400 mg		500	$750.00
)200302		Amoxicillin 250 mg		1,000	$250 00
)200305		Amoxicillin, 150 ml, 250 mg/5 ml	150 ml	16	$85.60
)200308		Amoxicillin, Suspension, 100 ml, 125 mg/5 ml	100 ml	12	$35 40
)300102		Aspirin 325 mg		1,500	$15.00
)400301		Metformin, 500 mg		1,000	$690 00
)500101		Antacid		2.250	$45.00
)802604		Multi-Symptom Cold, 10 oz.	10 oz.	12	$65.88
)802605		Multi-Symptom Cold, Child, 4 oz	4 oz.	7	$43.19
1000401		Multivitamin. Adult		2.200	$132.00
1000402		Multivitamin. Child		1,020	$61 20
1000406		Multivitamin. Child, Gummie		120	$4 80
000801		Potassium 750 mg		180	$21.60
100901		Carbamide Peroxide 6.5%		1	$2 48
101702		Eye Drops	1 oz.	13	$65 52
102504		Menthol 2 5%	2 oz.	2	$8 00
102601		Neomycin/PolymyxinB/Bacitracin/Hydrocortisone	3.5/10 mg 3.5 g	44	$343.64
103501		Systane Lubricant Eye Drops	Vials	24	$208.56
104002		Antibiotic Ointment, 1 oz	1 oz.	28	$138.32
104003		Antibiotic Ointment, 0 33 oz	0.33 oz	3	$0.51
104004		Antibiotic Ointment, 0.5 oz	0.5 oz	15	$49.80
105102		Menthol, 3 oz.	3 oz.	1	$4 45
00032	3549	Layette. Baby	3	1	$23 88

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200019

Ship To:
Panama Christian Evangelism
705 Pineview Dr
Zionsville 46077
Panama

Debbie H
Phone#

Notify:
Panama Christian Evangelism
705 Pineview Dr
Zionsville 46077

Phone#

Invoice Reference
300023
Order Date:
04/22/2009
Ship Date:
04/22/2009
Ship Via:
Delivery

Special Instructions:

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
700523	3552	Pad. Note	9	1	$7 74
700705	3548	Hydrogen Peroxide	4	1	$3 20
700747	3546	Droppers Medicine	30	1	$1 50
700748	3547	Cutter. Pill	2	1	$1 36
		Invoice Totals:		**19973**	**$3,432.83**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200012

Ship To:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel
Haiti

Phone#: (___)___-____

Notify:
Haitian Christian Outreach (HCO)
Faith and Love In Action Ministries
#1 Rue Joissaint Adonis, Meyer
Jacmel

Phone#:

Invoice Reference
300024
Order Date:
05/06/2009
Ship Date:
05/06/2009
Ship Via:
Pick-up

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0101801		Xylocaine 5 ml, 1%		145	$392 95
		Invoice Totals:		**145**	**$392.95**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200021

Ship To:
Bernie and Kelly Bledsoe
CMF Missionaries
Ivory Coast, Africa

Cote D'Ivoire (Ivory Coast)

Phone# (___)___-____

Notify:
Bernie and Kelly Bledsoe
CMF Missionaries
Ivory Coast, Africa

Phone#:

Invoice Reference
300025
Order Date:
05/07/2009
Ship Date:
05/07/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0101801		Xylocaine 5 ml, 1%		69	$186 99
0200201		Albendazole 400 mg		1 200	$1.800 00
0200303		Amoxicillin 500 mg		1 500	$1 185 00
0200701		Ciprofloxacin 250 mg		300	$147 00
1000401		Multivitamin, Adult		3.064	$183 84
		Invoice Totals:		**6133**	**$3,502.83**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200022

Ship To:
Lifeline Christian Mission
184 Alde County Line Rd
Westerville OH 43081
United States

Phone#: (___)___-____

Notify:
Lifeline Christian Mission
184 Alde County Line Rd
Westerville OH 43081

Phone#:

Invoice Reference
300026
Order Date:
05/07/2009
Ship Date:
05/07/2009
Ship Via:
Pick-up

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0101801		Xylocaine 5 ml, 1%		804	$2.178.84
		Invoice Totals:		**804**	**$2,178.84**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200006

Ship To:
Haitian Christian Mission (HCM)
3807 Beresford Rd. East
West Palm Beach 33417
Haiti

Etienne and Betty Prophete
Phone#

Notify:
Haitian Christian Mission (HCM)
3807 Beresford Rd East
West Palm Beach 33417

Phone#.

Invoice Reference
300027
Order Date:
05/08/2009
Ship Date:
05/08/2009
Ship Via:
Fed Ex

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0101801		Xylocaine 5 ml. 1%		750	$2,032 50
		Invoice Totals:		**750**	**$2,032.50**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200023

Ship To:
Christian Aid Ministries

Notify:
Christian Aid Ministries

Invoice Reference
300028
Order Date:
05/11/2009
Ship Date:
05/11/2009
Ship Via:
Pick-up

Phone#: (___)___-____

Phone#.

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0101801		Xylocaine 5 ml, 1%		1,029	$2.788 59
		Invoice Totals:		**1029**	**$2,788.59**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200018

Ship To:
North Western Hatian Christian Mission
7 Morne Fort
St Louis du nord Haiti
Haiti

Phone#

Notify:
North Western Hatian Christian Mission
7 Morne Fort
St Louis du nord, Haiti

Janeil
Phone#: 859-312-5928
Jacques St Charles
Phone#: 509-734-9070

Invoice Reference
300029
Order Date:
05/13/2009
Ship Date:
05/13/2009
Ship Via:
Fed Ex

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0101801		Xylocaine 5 ml, 1%		500	$1,355 00
700743	3729	Test Strips, Blood Glucose	1450	1	$493 00
		Invoice Totals:		**501**	**$1,848.00**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200017

Ship To:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de
fuente/ministerio/ arturo quezada
cerca de la colonia ciud
Honduras

Phone#:

Notify:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de
fuente/ministerio/ arturo quezada
cerca de la colonia ciud

Phone#:

Invoice Reference
300030
Order Date:
06/01/2009
Ship Date:
06/01/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0100101		APAP 325 mg		6.000	$120.00
0100102		APAP 500 mg		1.000	$40 00
0100104		APAP, Child, 80 mg		1,200	$84.00
0100107		APAP, Infant, 0.5 oz., 80 mg/0.8 ml	0.5 oz	50	$195 50
0100109		APAP, Child, 4 oz , 160 mg/5 ml	4 oz.	12	$36.36
0100201		APAP, PM, 500 mg		200	$10.00
0100401		APAP, Migraine, 250 mg		496	$29.76
0100501		IBU 200 mg		7,330	$293.20
0100506		IBU, Child, 100 mg		528	$95.04
0100507		IBU, Infant, 0 5 oz , 50 mg/1.25 ml	0 5 oz.	8	$39.12
0100508		IBU, Infant.1 oz , 50 mg/5ml	1 oz.	1	$1 00
0100509		IBU. Child, 4 oz., 100 mg/5 ml	4 oz.	63	$260.19
0100601		Naproxen Sodium 220 mg		500	$55 00
0100701		Lidocaine HCL 1% 10 mg/ml	20 ml	4	$52.80
0200201		Albendazole 400 mg		500	$750.00
0200302		Amoxicillin 250 mg		1,500	$375.00
0200303		Amoxicillin 500 mg		2,500	$1.975 00
0200305		Amoxicillin, 150 ml, 250 mg/5 ml	150 ml	64	$342.40
0200308		Amoxicillin, Suspension, 100 ml, 125 mg/5 ml	100 ml	36	$106.20
0200502		Ceftriaxone, 1 G	1 G	24	$450 00
0200603		Cephalexin 500 mg		1,500	$1.035.00
0200701		Ciprofloxacin 250 mg		300	$147.00
0201102		Terbinafine HCL (Lamisil) 1%	24 g	1	$8.91
0201104		Terbinafine 1%	1 oz	1	$9.99
0201105		Terbinafine 1%	0.42 oz	3	$23.64
0201106		Terbinafine 1%	0 5 Oz.	1	$12.00

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax 3173582483
Email:

Invoice

Consignee#: 200017

Ship To:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#.

Notify:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#

Invoice Reference
300030
Order Date:
06/01/2009
Ship Date:
06/01/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0201301		Metronidazole 500 mg		1.300	$2.314 00
0300101		Aspirin 81 mg		3.576	$35 76
0300102		Aspirin 325 mg		6 149	$61 49
0300901		Hydrochlorothiazide 25 mg		1.000	$10 00
0303602		Furosemide, 2 ml. 10 mg/ml	2 ml	1	$0 52
0400301		Metformin. 500 mg		1.000	$690 00
0500101		Antacid		2.400	$48 00
0500103		Calcium Carbonate 750 mg		500	$30 00
0500201		Bisacodyl 5 mg		1.000	$10 00
0500801		Docusate Sodium, Suspension 50 mg/5 ml	473 ml	3	$29 97
0501201		Loperamide 2 mg		798	$39 90
0501601		Ranitidine (Zantac) 75 mg		500	$140 00
0502202		Calcium/Magnesium 675/135 mg		30	$1 20
0502701		Magnesium Hydroxide (Milk of Mag) 400mg/5ml. 12 oz	12 oz	1	$2 69
0502702		Milk of Magnesia 3400 mg/30 ml	Individual dose	30	$14 10
0504501		Prevacid Napra Pac 500. 500/15 mg	6 pack	5	$57 65
0700201		Miconazole. 2%	45 g	1	$4.79
0700202		Miconazole Nitrate 200 mg 2%	0 32 oz	1	$3 35
0700204		Miconazole Nitrate 200 mg. 3-day		3	$9 93
0700205		Miconazole, 1 59 oz .100 mg. 7-day	1 59 oz	6	$7 20
0700301		Pregnancy Test		25	$29 75
0700401		Tioconazole, 300 mg. 1-day		1	$10 79
0700601		Clotrimazole, 1%. 1 5 oz	1 5 oz	36	$179 64
0800501		Brompheniramine/Phenylephrine. 4 oz 1/2 5 mg/5 ml	4 oz	4	$22 60
0800601		Brompheniramine/Pseudoephedrine, 4 oz . 1/15 mg	4 oz	9	$19 62
0801201		Dextromethrophan/Phenylephrine 4 oz . 5/2 5 mg	4 oz	1	$5 76

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200017

Ship To:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#.

Notify:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#:

Invoice Reference
300030
Order Date:
06/01/2009
Ship Date:
06/01/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
0801301		Diphenhydramine, Child, 4 oz , 12 5 mg/5 ml	4 oz	8	$17.60
0801302		Diphenhydramin, Child, 8 oz.,12 5mg/5 ml	8 oz	4	$12 20
0801701		Guaifenesin, 100 mg/5 ml, 8 oz	8 oz.	5	$14 00
0801704		Guaifenesin 1200 mg		14	$6 86
0801705		Guaifenesin 400 mg		270	$45.90
0801801		Guaifenesin/Dextromethorphan, Susp. 100/10 mg/5 ml	4 oz.	6	$27 66
0801804		Guaifenesin/Dextromethorphan 600/30 mg		4,400	$1.628 00
0801806		Guaifenesin/Dextromethorphan 5/100 mg	4 oz	1	$3 67
0801904		Guaifenesin/Phenylephrine 4 oz , 100/2.5 mg	4 oz	1	$6 83
0802201		Loratadine, Child. 4 oz , 5 mg/5 ml	4 oz	5	$42.50
0802202		Loratadine 10 mg		1,900	$133.00
0802401		Cough Drop		1.018	$101.80
0802502		Montelukast Sodium (Singulair) 5 mg		54	$175.50
0802601		Multi-Symptom Cold		600	$204.00
0802602		Multi-Symptom Cold, 4 oz.	4 oz	3	$13.77
0802603		Multi-Symptom Cold, 8 oz.	8 oz	5	$29 80
0802604		Multi-Symptom Cold, 10 oz.	10 oz.	18	$98 82
0802605		Multi-Symptom Cold. Child, 4 oz.	4 oz	2	$12.34
0802611		Multi-Symptom Cold, Child, 20 ml	20 ml	24	$36 24
0802801		Pseudoephedrine 30 mg		42	$5 04
0803501		Xclear (Xylitol)	Sample	10	$45.50
0803901		Oxymetazoline (Nasal Decongestant)	1 oz.	6	$23.94
0804003		Epinephrine (Primatene) 0.22 mg, 15 ml	15 ml	1	$6.10
0804402		Chlorpheniramine/Dextromethorphan. 4 oz , 1/7.5 mg	4 oz.	1	$4 87
0804702		Cetirizine, Child, 5 mg		5	$1.65
0900201		Prednisone 5 mg		1,000	$40.00

Saturday, May 08, 2010
1:12 pm

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200017

Ship To:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#

Notify:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#

Invoice Reference
300030
Order Date:
06/01/2009
Ship Date:
06/01/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
1000401		Multivitamin, Adult		7,489	$449 34
1000402		Multivitamin, Child		8,752	$525 12
1000407		Multivitamin, Adult, 4 oz	4 oz	2	$4 78
1000501		Prenatal Vitamin		2 304	$69 12
1100203		A and D, 5 g	5 g	30	$2 40
1100701		Betamethasone Valerate, 15 g, 100mg	15 g	50	$223 00
1101101		Anti-Fungal Cream, 0 5 oz	0 5 oz	29	$123 25
1101102		Anti-Fungal cream, 1 oz	1 oz	16	$86 24
1101103		Anti-Fungal Cream, 2 oz	2 oz	3	$29 97
1101104		Anti-Fungal Cream, 1 25 oz	1 25 oz	4	$10 76
1101701		Eye Drops	0 5 oz	18	$21 60
1101702		Eye Drops	1 oz	1	$5 04
1101707		Eye Drops, 0.02 oz (0 5 ml)	0 02 oz (0 5 ml)	1	$2 97
1101801		Eye Drops (Antbiotic), 3.5 g	3 5 g	48	$1,513 92
1101901		Eye Wash, 1 oz	1 oz	1	$2 96
1102003		Hydrocortisone, 1 oz	1 oz	10	$29 90
1102007		Hydrocortisone, 0 5%	1 oz	1	$1 70
1102101		Ear Drops, Perscription, 10 ml	10 ml	1	$48 85
1103201		Permethrin, 60 G, 50 mg/g	60 g	5	$145 75
1103301		Prednisolone Acetate 15 ml, 1%	15 ml	2	$68 12
1103402		Silver Sulfadiazine, 1% 10 mg/g	50 g	1	$11 99
1104002		Antibiotic Ointment, 1 oz	1 oz	18	$88 92
1104003		Antibiotic Ointment, 0 33 oz	0.33 oz	18	$3 06
1104004		Antibiotic Ointment, 0.5 oz	0 5 oz	19	$63 08
1104106		Zinc Oxide 10%	2 oz	3	$8 79
1104603		Tolnaftate 0 9 g Packet, 1%		144	$21 60

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200017

Ship To:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud
Honduras

Phone#:

Notify:
His Eyes, Clinica Medica
Dos cuadras arriba de la parada de fuente/ministerio/ arturo quezada cerca de la colonia ciud

Phone#·

Invoice Reference
300030
Order Date:
06/01/2009
Ship Date:
06/01/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
1105102		Menthol, 3 oz	3 oz	1	$4.45
1105501		Mupirocin, 2% 20 mg/g		3	$59.97
1106301		Lice Shampoo	6 oz.	2	$14 90
1106302		Lice Cream Rinse	2 oz.	1	$3 00
1106303		Lice Shampoo, 8 oz	8 oz.	3	$35.37
1106304		Lice Shampoo, 2 oz	2 oz.	4	$22.64
1106305		Lice Shampoo, 4 oz	4 oz	2	$16.82
1106801		Gentamicin Eye Drops		4	$23.80
1107301		Timolol Maleate 0.25%	5 ml	5	$57.90
1108201		Ciproflaxin/Dexamethosone 7.5 ml, 0 3/0 1%	7.5 ml	4	$449.76
		Invoice Totals:		**70604**	**$17.314.25**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax 3173582483
Email:

Invoice

Consignee#: 200025

Ship To:
ABC Children's Aid
P O Box 715
Anderson IN 46013
United States

Matthew Sakuh
Phone# (___)___-____

Notify:
ABC Children's Aid
P O Box 715
Anderson IN 46013

Phone#

Invoice Reference
300035
Order Date:
06/05/2009
Ship Date:
06/05/2009
Ship Via:
Pick-up

Special Instructions:

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
0100102		APAP 500 mg		2.000	$80 00
0501201		Loperamide 2 mg		72	$3 60
0501602		Ranitidine (Zantac) 150 mg		95	$156 75
		Invoice Totals:		**2167**	**$240.35**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message.

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:

Invoice

Consignee#: 200003

Ship To:
Christian Ministries in Africa
905 Cleveland Ave.
Snohomish WA 98290
Kenya

Greg Ishmael
Phone#: (___)___-____

Notify:
Christian Ministries in Africa
905 Cleveland Ave
Snohomish WA 98290

Phone#:

Invoice Reference
300038
Order Date:
06/18/2009
Ship Date:
06/18/2009
Ship Via:
Fed Ex

Special Instructions:

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
0100106		APAP Children's Meltaway 80 mg		570	$57 00
0100107		APAP, Infant, 0 5 oz., 80 mg/0 8 ml	0 5 oz	27	$105.57
0100109		APAP, Child, 4 oz., 160 mg/5 ml	4 oz.	13	$39 39
0100509		IBU. Child, 4 oz., 100 mg/5 ml	4 oz	8	$33.04
0802605		Multi-Symptom Cold, Child, 4 oz.	4 oz	19	$117 23
700317	4181	Washcloth	37	1	$1 11
700325	4178	Wipes, Wet	292	1	$67.16
700465	4180	Soap. Bars	49	1	$51 94
700645	4179	Shampoo, Baby	10	1	$11.40
		Invoice Totals:		**641**	**$483.84**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax 3173582483
Email:

Invoice

Consignee#: 200028

Ship To:
Kids Across Africa
1353 Lake Shore Dr.
Branson MO 65616
Rwanda

Phone#: (___)___-____

Notify:
Kids Across Africa
1353 Lake Shore Dr
Branson MO 65616

Phone#.

Invoice Reference
300041
Order Date:
04/18/2009
Ship Date:
04/18/2009
Ship Via:
Pick-up

Special Instructions:

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
1100603		Antibiotic Ointment 0 9 oz	0 9 g	76	$15 20
1104005		Antibiotic Ointment, 2 oz	2 oz	1	$5 82
700036	4353	Pad, Feminine Hygiene	218	1	$13 08
700042	4347	Bandage, Cohesive (Coban)	6	1	$6 36
700048	4343	Tape, Cloth	8	1	$13 60
700129	4342	Glove Exam	200	1	$4 00
700216	4346	Bandage, Ace	21	1	$25 20
700291	4345	Gauze, Rolled	6	1	$8 70
700302	4358	Slipper Sock, Hospital	1	1	$0 97
700353	4348	Pad, Alcohol	200	1	$4 00
700359	4349	Gauze, 2x2	93	1	$0 93
700360	4344	Gauze, 4x4	100	1	$3 00
700412	4355	Shampoo	26	1	$20 54
700465	4354	Soap, Bars	61	1	$64 66
700593	4350	Bandaid	400	1	$24 00
700704	4351	Alcohol, Rubbing	1	1	$1 60
700705	4352	Hydrogen Peroxide	1	1	$0 80
		Invoice Totals:		**92**	**$212.46**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200028

Ship To:
Kids Across Africa
1353 Lake Shore Dr
Branson MO 65616
Rwanda

Phone#: (___)___-____

Notify:
Kids Across Africa
1353 Lake Shore Dr.
Branson MO 65616

Phone#:

Invoice Reference
300041
Order Date:
04/18/2009
Ship Date:
04/18/2009
Ship Via:
Pick-up

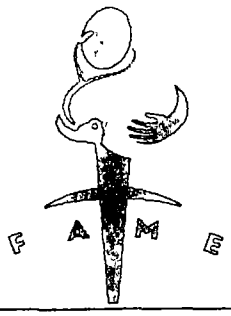
Special Instructions:

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:



Invoice

Consignee#: 200029

Ship To:
Little Red Door

Notify:
Little Red Door

Invoice Reference
300042
Order Date:
05/20/2009
Ship Date:
05/20/2009
Ship Via:
Pick-up

Phone#: (___)___-____

Phone#

Special Instructions:

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
700097	4361	Kit Tracheotomy Care	32	1	$38.72
		Invoice Totals:		**1**	**$38.72**

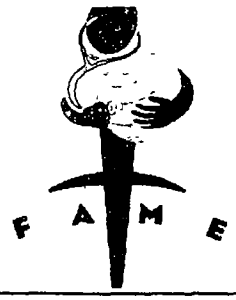
Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:



Invoice

Consignee#: 200030

Ship To:
Dr. Nahim Nasralla

Siguatepeque
Honduras

Phone#: (___)___-____

Notify:
Dr. Nahim Nasralla

Siguatepeque

Phone#:

Invoice Reference
300043
Order Date:
06/08/2009
Ship Date:
06/08/2009
Ship Via:
Pick-up

Special Instructions:

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
700129	4367	Glove, Exam	1800	1	$36 00
700131	1745	Glove, Sterile	100	1	$84 00
700131	1752	Glove, Sterile	303	1	$254 52
700131	1759	Glove, Sterile	179	1	$150.36
700131	1760	Glove. Sterile	311	1	$261.24
700131	1763	Glove. Sterile	200	1	$168 00
700131	1764	Glove, Sterile	40	1	$33.60
700131	1765	Glove, Sterile	40	1	$33.60
700563	4364	Wheelchair	6	1	$660 72
700617	4363	Walker. Standard	4	1	$85 32
700742	4366	Monitor, Dinamap Pro 1000v3	1	1	$2.679.73
700753	4362	Chair, Geri	2	1	$726.36
700754	4365	Chair, Transport	1	1	$82.10
		Invoice Totals:		**13**	**$5,255.55**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200027

Ship To:
DISPOSAL

Notify:
DISPOSAL

Invoice Reference
300045
Order Date:
06/30/2009
Ship Date:
06/30/2009
Ship Via:
Delivery

Phone# (___)___-____ Phone#

Special Instructions: Inventory Adjustment for 2009 Audit.

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
0100102		APAP 500 mg		4.630	$185 20
0100103		APAP 650 mg		302	$0 00
0100106		APAP Children's Meltaway 80 mg		2.520	$252 00
0100107		APAP, Infant, 0 5 oz , 80 mg/0 8 ml	0 5 oz	16	$62 56
0100108		APAP Infant, 1 oz , 80 mg/0 8 ml	1 oz	16	$39 04
0100110		APAP, Child, 160 mg		696	$118 32
0100201		APAP PM, 500 mg		222	$11 10
0100501		IBU 200 mg		19.324	$772 96
0100504		IBU 800 mg		90	$19 80
0100509		IBU, Child, 4 oz , 100 mg/5 ml	4 oz	16	$66 08
0100512		IBU, Child, 4 oz , 80 mg/1 25 ml	4 oz	2	$9 98
0100513		IBU Child, 2 oz , 100 mg/5 ml	2 oz	1	$3 68
0100601		Naproxen Sodium 220 mg		704	$77 44
0101001		APAP/Caffeine 500/65 mg		424	$21 20
0101301		APAP/Caffeine/Pyrilamine 500/60/15 mg		20	$3 40
0200604		Cephalaxin, 200 ml, 250 mg/5 ml	200 ml	4	$99 80
0200701		Ciprofloxacin 250 mg		1.200	$588 00
0201302		Metronidazole 250 mg		1.000	$150 00
0300101		Aspirin 81 mg		624	$6 24
0300201		Atenolol 50 mg		500	$350 00
0300301		Irbesartan/Hydrochlorothiazide 150/12.5 mg		28	$73 92
0300302		Irbesartan HCT (Avalide) 300/12 5 mg		70	$172 90
0300601		Olmesartan/HCT 40/25 mg		231	$748 44
0300602		Olmesartan/Medoxomil HCT (Benicar HCT) 20/12 5 mg		223	$432 62
0300603		Olmesartan/HCT 40/12 5 mg		175	$428 54
0300901		Hydrochlorothiazide 25 mg		2.000	$20 00

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200027

Ship To:
DISPOSAL

Notify:
DISPOSAL

Invoice Reference
300045
Order Date:
06/30/2009
Ship Date:
06/30/2009
Ship Via:
Delivery

Phone#: (___)___-____

Phone#:

Special Instructions: Inventory Adjustment for 2009 Audit.

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
0301001		Micardis 40 mg		49	$110 74
0301101		Candesartan 4 mg		119	$29.75
0301102		Candesartan 8 mg		42	$13 86
0301103		Candesartan 16 mg		105	$55 65
0301104		Candesartan Cilexetil 32 mg		7	$19.95
0301201		Candesartan HCT 16/12 5 mg		161	$408.94
0301202		Candesartan HCT 32/12.5 mg		140	$368.20
0301301		Nisoldipine 10 mg		280	$551.60
0301302		Nisoldipine 20 mg		154	$394.24
0301304		Losartan Potassium 50 mg		28	$44.52
0301305		Losartan Potassium HCT 50/12 5 mg		28	$57.40
0301601		Aliskiren (Tekturna) 300 mg		140	$378.00
0301701		Aliskiren HCT (Tekturna HCT)		28	$89.88
0301801		Isradipine (Dyna CR) 10 mg		7	$22 26
0301901		Losartan/Potassium HCT (Hyzaar) 100/25 mg		35	$84 35
0301902		Losartan/HCT 100/12 5 mg		28	$94 64
0301903		Losartan Potassium 100 mg		28	$87.08
0302201		Nebivolol 10 mg		35	$67.55
0302502		Valsartan 80 mg		7	$22.05
0302503		Valsartan 160 mg		28	$67 76
0302702		Irbesartan 300 mg		14	$36 68
0302801		Aspirin/Dipyridamole 25/200 mg		120	$321 60
0303001		Amlodipine/Olmesartan 10/20 mg		84	$252 00
0303101		Fluvastatin Sodium 80 mg		28	$98 28
0303201		Clonidine 2.5 mg, Patch	Patch	48	$543 84
0303301		Clopidogrel Bisulfate 75 mg		4	$16.84

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax. 3173582483
Email:

Invoice

Consignee#: 200027

Ship To:
DISPOSAL

Notify:
DISPOSAL

Invoice Reference
300045
Order Date:
06/30/2009
Ship Date:
06/30/2009
Ship Via:
Delivery

Phone# (___)___-____

Phone#

Special Instructions: Inventory Adjustment for 2009 Audit.

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
0303401		Amlodipine/Atorvastatin 5/40 mg		84	$529 20
0303402		Amlodipine/Atorvastatin 5/10 mg		112	$448 00
0303403		Amlodipine/Atorvastatin 10/20 mg		28	$153 16
0400601		Metformin/Pioglitazone 500/15 mg		84	$273 84
0400602		Metformin/Pioglitazone 850/15 mg		112	$365 12
0400701		Januvia 100 mg		84	$199 08
0401101		Sitagliptin HCl 50/1000 mg		56	$179 76
0401102		Sitagliptin HCL 50/500 mg		56	$179 76
0401201		Rosiglitazone 4 mg		28	$77 56
0401301		Rosiglitazone/Metformin 2/500 mg		28	$64 68
0500101		Antacid		2.010	$40 20
0500103		Calcium Carbonate 750 mg		96	$5 76
0500104		Calcium Carbonate 1000 mg		144	$7 20
0500201		Bisacodyl 5 mg		150	$1 50
0500301		Bismuth, 262 mg		668	$140 28
0500303		Bismuth 8 oz. 262 mg/15 ml	8 oz	1	$0 00
0500802		Docusate Sodium 100 mg		150	$3 00
0501201		Loperamide 2 mg		26	$1 30
0501203		Loperamide, Child, 4 oz . 1 mg/5 ml	4 oz	3	$15 75
0501602		Ranitidine (Zantac) 150 mg		1.000	$1.650 00
0502101		Lansoprazole (Prevacid) 30 mg		13	$58 11
0502201		Calcium/Magnesium 550/110 mg		246	$7 38
0502202		Calcium/Magnesium 675/135 mg		10	$0 40
0502701		Magnesium Hydroxide (Milk of Mag) 400mg/5ml. 12 oz.	12 oz	3	$8 07
0502801		Docusate Sodium/Sennosides 50/8 6 mg		60	$6 00
0503001		Sennoside 25 mg		24	$7 44

4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200027

Ship To:
DISPOSAL

Notify:
DISPOSAL

Invoice Reference
300045
Order Date:
06/30/2009
Ship Date:
06/30/2009
Ship Via:
Delivery

Phone#: (___)___-____

Phone#:

Special Instructions: Inventory Adjustment for 2009 Audit.

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
0504001		Alka-Seltzer	Dissolve in Water	72	$7 92
0600401		Desvenlafaxine 50 mg		14	$57.26
0700202		Miconazole Nitrate 200 mg 2%	0.32 oz.	1	$3 35
0700204		Miconazole Nitrate 200 mg, 3-day		4	$13.24
0700206		Miconazole, 1200 mg	Kit	1	$13.18
0700301		Pregnancy Test		82	$97.58
0800302		APAP/Dextromethorphan 8 oz., 500/15 mg	8 oz	1	$5 27
0800401		APAP/Phenylephrine 325/5 mg		2	$0 10
0800501		Brompheniramine/Phenylephrine, 4 oz.,1/2.5 mg/5 ml	4 oz	23	$129 95
0800502		Brompheniramine/Phenylephrine, 8 oz .1/2.5 mg/5 ml	8 oz.	2	$19 54
0800601		Brompheniramine/Pseudoephedrine. 4 oz.. 1/15 mg	4 oz	59	$128.62
0801005		Dextromethorphan, 5 oz . 15 mg/5 ml	5 oz.	1	$10 94
0801202		Dextromethrophan/Phenylephrine 5/2 5 mg	Strip	151	$57 38
0801301		Diphenhydramine, Child, 4 oz.. 12 5 mg/5 ml	4 oz.	7	$15.40
0801303		Diphenhydramine HCL 25 mg		24	$0 48
0801502		Dextromethorphan/Phenylephrine. Child 5/2.5 mg/5ml	4 oz	7	$39 55
)801504		Diphehydramine/Phenylephrine 12.5/5 mg/5ml	4 oz	2	$4.96
)801505		Diphenhydramine/Phenylephrine 12.5/5 mg	Strip	25	$7.25
)801701		Guaifenesin, 100 mg/5 ml, 8 oz	8 oz.	6	$16 80
)801703		Guaifenesin 600 mg		20	$3.80
)801801		Guaifenesin/Dextromethorphan, Susp 100/10 mg/5 ml	4 oz.	1	$4.61
)801803		Guaifenesin/Dextromethorphan, Susp. 200/10 mg/5 ml	4 oz.	2	$11.90
)801804		Guaifenesin/Dextromethorphan 600/30 mg		6,420	$2.375 40
)802001		Guaifenesin/Pseudoephedrine 250/120 mg		400	$248.00
802202		Loratadine 10 mg		11	$0.77

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200027

Ship To:
DISPOSAL

Notify:
DISPOSAL

Invoice Reference
300045
Order Date:
06/30/2009
Ship Date:
06/30/2009
Ship Via:
Delivery

Phone# (___)___-____

Phone#:

Special Instructions: Inventory Adjustment for 2009 Audit.

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
0802401		Cough Drop		775	$77 50
0802501		Montelukast Sodium (Singulair) 4 mg		25	$12 00
0802601		Multi-Symptom Cold		10	$3 40
0802603		Multi-Symptom Cold, 8 oz	8 oz	4	$23 84
0802604		Multi-Symptom Cold, 10 oz	10 oz	119	$653 31
0802605		Multi-Symptom Cold, Child, 4 oz	4 oz	5	$30 85
0802610		Multi-Symptom Cold (alka-seltzer)	Dissolve in Water	394	$102 44
0802701		Phenylephrine HCL, Child, 4 oz . 2 5 mg/5 ml	4 oz	3	$16 95
0802802		Pseudoephedrine 120 mg		10	$5 00
0802901		Pseudoephedrine/Chlorpheniramine 100/12 mg		20	$41.60
0802902		Pseudoephedrine/Chlorpheniramine 60/4 mg		48	$4.80
0803301		Ipratropium Bromide 0 02%, 0 5 mg/2.5 ml	2 5 ml	1	$0 46
0803402		Saline, 0 5 oz	0 5 oz	2	$6 40
0803405		Saline Nasal Gel, Baby (Ayr)	8 ml	15	$9 30
0803411		Saline Nasal Spray 0 9%	3 oz	1	$5 48
0803901		Oxymetazoline (Nasal Decongestant)	1 oz	9	$35 91
0803902		Oxymetazoline (Nasal Decongestant)	0 5 oz	5	$7 60
0805901		Pelargonium Sidoides		18	$7 38
0900201		Prednisone 5 mg		600	$24.00
0900301		Hydrocortisone/Pramoxine 2 5/1%	1 oz	1	$3 39
1000401		Multivitamin, Adult		9,400	$564 00
1000402		Multivitamin, Child		3,792	$227 52
1000404		Multivitamin, Infant, 1 2/3 oz	50 ml	108	$720 36
1000406		Multivitamin, Child, Gummie		200	$8 00
1000501		Prenatal Vitamin		1,488	$44 64
1002701		Alendronate Sodium 70 mg		12	$231 96

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200027

Ship To:
DISPOSAL

Notify:
DISPOSAL

Invoice Reference
300045
Order Date:
06/30/2009
Ship Date:
06/30/2009
Ship Via:
Delivery

Phone#: (___)___-____

Phone#:

Special Instructions: Inventory Adjustment for 2009 Audit.

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
1100202		Petrolatum, 2 oz	2 oz.	4	$6 16
1100603		Antibiotic Ointment. 0.9 oz	0.9 g	98	$19 60
1101101		Anti-Fungal Cream, 0.5 oz	0.5 oz.	10	$42.50
1101401		Ear Wax Drops	0.5 oz	1	$4.63
1101701		Eye Drops	0 5 oz.	67	$80 40
1101702		Eye Drops	1 oz	4	$20.16
1101703		Eye Drops	0.65 oz	4	$45.80
1101704		Eye Drops	4 oz.	1	$3 99
1101705		Eye Drops, 1/16 oz	1/16 oz.	2	$1.50
1102006		Hydrocortisone, 2%	2 oz.	2	$5 18
1102007		Hydrocortisone, 0 5%	1 oz	1	$2 87
1102010		Hydrocortisone, 0 7 oz	0.7 oz.	1	$4 62
102601		Neomycin/PolymyxinB/Bacitracin/Hydrocortisone	3.5/10 mg 3.5 g	139	$1.085.59
103401		Silver Sulfadiazine, 85 G	85 g	1	$8 18
103501		Systane Lubricant Eye Drops	Vials	27	$234.63
104001		Triple Antibiotic Ointment 0 9 g	0 9 g	2	$0 20
104002		Antibiotic Ointment, 1 oz	1 oz	112	$553.28
104003		Antibiotic Ointment, 0 33 oz.	0 33 oz.	35	$5.95
104004		Antibiotic Ointment, 0 5 oz.	0 5 oz.	99	$328.68
104110		Zinc Oxide, 3 oz.	3 oz	3	$20.37
104601		Tolnaftate, 1%	1 oz.	60	$159.00
104602		Tolnaftate 1 25 oz., 1%		4	$11.96
104804		Hemorrhoidal Ointment, 1 8 oz.	51 g	1	$3.20
104901		Diphenhydramine. 4 oz	4 oz.	1	$2.20
104903		Diphenhydramine, 1 oz.	1 oz.	10	$39 90
.04904		Diphenhydramine 0.47 ml	0.47 ml	1	$2.00

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200027

Ship To:
DISPOSAL

Notify:
DISPOSAL

Invoice Reference
300045
Order Date:
06/30/2009
Ship Date:
06/30/2009
Ship Via:
Delivery

Phone# (___)___-____ Phone#

Special Instructions: Inventory Adjustment for 2009 Audit.

Container #: N/A **Seal #:** N/A

Ref #	Box#	Description	Packing	Quantity	Box Value
1105601		Gentamicin Sulfate 1 mg/g	15 g	1	$12 15
1105701		Povidone-Iodine, 10%	0 75 oz	5	$2 10
1106302		Lice Cream Rinse	2 oz	1	$3 00
1106501		Pain Relief Ear Drops	10 ml	1	$3 49
1106901		Polyethylone Glycole (Eye Drops) 0 25%		161	$2.254 00
1200201		Dutasteride 0 5 mg		14	$11 90
1300101		Tamsulosin HCL 0 4 mg		28	$63 28
1300301		Urinalysis Test Strip	Strip	100	$251 00
		Invoice Totals:		**67465**	**$24,808.24**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200016

Ship To:
St. Francis NHC
234 E. Southern Ave
Indianapolis IN 46225
United States

Phone#: (___)___-____

Notify:
St. Francis NHC
234 E Southern Ave
Indianapolis IN 46225

Phone#:

Invoice Reference
300046
Order Date:
06/11/2009
Ship Date:
06/11/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
700577	4796	Bench, Shower/Bath	1	1	$55.99
		Invoice Totals:		1	**$55.99**

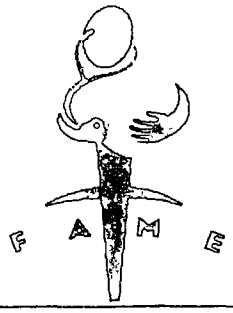
Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 **Fax: 3173582483**
Email:



Invoice

Consignee#: 200031

Ship To:
Denise Nelson
9104 Bright Leaf Place
Charlotte NC 28269
United States

Phone# (___)___-____

Notify:
Denise Nelson
9104 Bright Leaf Place
Charlotte NC 28269

Phone#

Invoice Reference
300047
Order Date:
06/12/2009
Ship Date:
06/12/2009
Ship Via:
Fed Ex

Special Instructions: for little boy iwth colostomy

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
700591	4798	Barrier, Skin, Ostomy	68	1	$704 48
700758	4797	Pouch Ostomy	240	1	$381 60
		Invoice Totals:		**2**	**$1,086.08**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200032

Ship To:
Vine International
4430 Singleton Station Rd.
Louisville TN 37777
United States

Phone#: (___)___-____

Notify:
Vine International
4430 Singleton Station Rd.
Louisville TN 37777

Phone#:

Invoice Reference
300048
Order Date:
06/18/2009
Ship Date:
06/18/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
700200	4799	Nebulizer	13	1	$468.00
		Invoice Totals:		**1**	**$468.00**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200033

Ship To:
MSFC
10192 Pinecrest Rd
Concord 44077
United States

Phone#: (___)___-____

Notify:
MSFC
10192 Pinecrest Rd
Concord 44077

Phone#

Invoice Reference
300049
Order Date:
06/18/2009
Ship Date:
06/18/2009
Ship Via:
Fed Ex

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
700200	4800	Nebulizer	1	1	$36.00
		Invoice Totals:		**1**	**$36.00**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message

4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax: 3173582483
Email:

Invoice

Consignee#: 200034

Ship To:
Wheelchair Help
1201 Richmond
Elkhart 46516
United States

Phone#: (___)___-____

Notify:
Wheelchair Help
1201 Richmond
Elkhart 46516

Phone#:

Invoice Reference
300050
Order Date:
06/30/2009
Ship Date:
06/30/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
700563	4801	Wheelchair	2	1	$220.24
700759	4802	Parts, Misc	16	1	$16 00
700759	4803	Parts, Misc	2	1	$2 00
700759	4804	Parts, Misc	4	1	$4.00
		Invoice Totals:		**4**	**$242.24**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message:

FAME
4545 Southeastern Avenue
Indianapolis, IN 46203
Tel: (317)-358-2480 Fax 3173582483
Email:

Invoice

Consignee#: 200034

Ship To:
Wheelchair Help
1201 Richmond
Elkhart 46516
United States

Phone# (___)___-____

Notify:
Wheelchair Help
1201 Richmond
Elkhart 46516

Phone#

Invoice Reference
300051
Order Date:
06/30/2009
Ship Date:
06/30/2009
Ship Via:
Delivery

Special Instructions:

Container #: **Seal #:**

Ref #	Box#	Description	Packing	Quantity	Box Value
700563	4805	Wheelchair	29	1	$1 596 74
700759	4806	Parts, Misc	1	1	$1 00
700759	4807	Parts, Misc	16	1	$16 00
700759	4808	Parts, Misc	2	1	$2 00
		Invoice Totals:		**4**	**$1,615.74**

Weight Total: _____ **Piece Count:** _____

Agency Representative: _____ **Date:** _____

Co-Signature: _____

Invoice Message

FAME
Sch I, Part II - Cash Portion
July 2008 through June 2009

Date	Name	Name Address	Memo	Amount	Balance
Income					0 00
Expense					
7300 · Ministry Expense					
7205 · Gifts - in- Kind Expense					
7200 · Postage & Shipping (Gratis)					
8/23/2008				225 08	225 08
11/23/2008				95 43	320 51
5/23/2009				64 63	385 14
2/23/2009				50 00	435 14
5/5/2009	As He Is, USA	P O Box 556 Otterbein IN 47970-0556	Zimbabwe Glove Container	2,950 00	3,385 14
2/28/2009	Debbie Cramer	201 W 2nd MOUND VALLEY, KS 67354	U-Haul Rental Reimbursement	230 16	3,615 30
8/4/2008	Filipinas Cargo	119 Sangra Ct Streamwood, IL 60107	Medical Supplies and Equipment to Christian's Haven	1,100 00	4,715 30
2/4/2009	Helps International Ministries	attn Dennis McCutcheon 573 FAIRVIEW RD ASHEVILLE NC 28803		44 30	4,759 60
4/1/2009	Kieron Mitchell	5319 Ohmer Ave Indianapolis, IN 46219	Petty Cash	21 00	4,780 60
8/29/2008	Kingsway Charities, Inc	1119 Commonwealth Ave Bristol, VA 24201		575 00	5,355 60
7/10/2008	Master Provisions, Inc	1769 Promontory Dr Florence, KY 41042	Liberia Container	7,388 00	12,743 60
8/26/2008	Master Provisions, Inc	1769 Promontory Dr. Florence, KY 41042	p/u in Memphis	500 00	13,243 60
10/22/2008	Master Provisions, Inc	1769 Promontory Dr Florence, KY 41042	Haiti container MSCU723879-0	6,475 00	19,718 60
11/4/2008	Master Provisions, Inc	1769 Promontory Dr Florence, KY 41042	India container TCKU3353044	6,125 00	25,843 60
11/17/2008	Master Provisions, Inc	1769 Promontory Dr Florence, KY 41042	Pick up in Mound Valley, Kansas	1,500 00	27,343 60
12/29/2008	Master Provisions, Inc	1769 Promontory Dr Florence, KY 41042	Cont NONU8949631	14,200 00	41,543 60
1/23/2009	Master Provisions, Inc	1769 Promontory Dr Florence, KY 41042	Cont to Tema Ghana	7,000 00	48,543 60
2/10/2009	Master Provisions, Inc	1769 Promontory Dr Florence, KY 41042	p/u tables in Versailles, OH	350 00	48,893 60
2/28/2009	Master Provisions, Inc	1769 Promontory Dr Florence, KY 41042	EQuip p/u in Jacksonville & Quincy IL	200 00	49,093 60
5/26/2009	Master Provisions, Inc	1769 Promontory Dr Florence, KY 41042		300 00	49,393 60
2/6/2009	Stevens International	P O Box 3286 Saginaw, MI 48605-3286	850lbs to joplin, mo	389 00	49,782 60
3/27/2009	Stevens International	P O Box 3286 Saginaw, MI 48605-3286		208 00	49,990 60
6/22/2009	Stevens International	P O Box 3286 Saginaw, MI 48605-3286	1,800 lbs from Charleson to Indy re Clinical Sciences Bu	472 00	50,462 60
Total 7200 Postage & Shipping (Gratis)				50,462 60	50,462 60
7230 · Medical Equipment					
8/23/2008				48 90	48.90
3/23/2009			Alpha Source (12V NIMH Battery for Critikon MPS Portabl	575 96	624 86
4/23/2009				108 03	732 89
5/23/2009			Dr 's Oxygen	673 58	1,406 47
10/8/2008	CHOSEN Mission Project	3638 West 26th St Erie, PA 16506		3,927 50	5,333 97
3/13/2009	CHOSEN Mission Project	3638 West 26th St Erie, PA 16506	2080 Manual Surgical Table	1,200 00	6,533 97
3/13/2009	CHOSEN Mission Project	3638 West 26th St Erie, PA 16506	2x Air-Shields Incubators	1,600 00	8,133 97
3/13/2009	CHOSEN Mission Project	3638 West 26th St Erie, PA 16506	Shipping	325 00	8,458 97
6/12/2009	CHOSEN Mission Project	3638 West 26th St Erie, PA 16506	2x Surgical Lights	2,210 12	10,669 09
6/9/2009	CHOSEN Mission Project	3638 West 26th St Erie, PA 16506	2x Manual Surgical Tables	3,423 00	14,092 09
2/27/2009	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Haitian Christian Mission	-2,800 00	11,292 09
6/18/2009	Haitian Christian Outreach	P O BOX 1052 MAHOMET, IL 61853	Reimbursement for Surgical Tables, OR Lights, etc	-6,569 00	4,723 09
7/5/2008	International Aid	17011 W Hickory Spring Lake, MI 49456-9712	2x Wall transformers, 200v PN from Welch-Allyn	752 30	5,475 39
9/16/2008	International Aid	17011 W Hickory Spring Lake, MI 49456-9712	Customer ID 13884	186 03	5,661 42
2/28/2009	World Wide Hispanic Outre	7981 E CR 100N Avon, IN 46123		500 00	6,161 42
2/4/2009	Worldwide Lab Improvemen	3607 Gembrit Circle KALAMAZOO, MI 49001	Cust ID fame01	41 24	6,202 66
Total 7230 Medical Equipment				6,202 66	6,202.66
Total 7205 Gifts - in- Kind Expense				56,665 26	56,665 26
7330 · Clinic - Capital Operations Sup					
2/16/2009	Benevolent Social Services	c/o Jim & Carol Young P O BOX 475 LAPEL, IN 46051-0475	David and Lois Rees Hospital in Yerpedu, India	2,500 00	2,500 00
4/10/2009	Benevolent Social Services	c/o Jim & Carol Young P O BOX 475 LAPEL, IN 46051-0475		2,500 00	5,000 00
5/13/2009	Benevolent Social Services	c/o Jim & Carol Young P O BOX 475 LAPEL, IN 46051-0475		2,500 00	7,500 00
6/9/2009	Benevolent Social Services	c/o Jim & Carol Young P O BOX 475 LAPEL, IN 46051-0475	Construction	2,500 00	10,000 00

FAME
Sch I, Part II - Cash Portion
July 2008 through June 2009

Date	Name	Name Address	Memo	Amount	Balance
3/27/2009	Haitian Christian Outreach	P O BOX 1052 MAHOMET, IL 61853	Clinic Approved 4/08	2,500 00	12,500 00
5/13/2009	Haitian Christian Outreach	P O BOX 1052 MAHOMET, IL 61853		2,500 00	15,000 00
6/9/2009	Haitian Christian Outreach	P O BOX 1052 MAHOMET, IL 61853	Clinic	2,500 00	17,500 00
7/15/2008	NACEA	P O Box 2309 Washington, IN 47501	Construction	10,000 00	27,500 00
8/13/2008	NACEA	P O Box 2309 Washington, IN 47501	Construction	10,000 00	37,500 00
9/10/2008	NACEA	P O. Box 2309 Washington, IN 47501	Construction	10,000 00	47,500 00
11/11/2008	NACEA	P O Box 2309 Washington, IN 47501	Hospital	5,000 00	52,500 00
12/11/2008	NACEA	P O Box 2309 Washington, IN 47501	Hospital	0 00	52,500 00
12/18/2008	NACEA	P O Box 2309 Washington, IN 47501	Hospital - To Replace 5187	5,000 00	57,500 00
1/7/2009	NACEA	P.O. Box 2309 Washington, IN 47501	Hospital	5,000 00	62,500 00
2/16/2009	NACEA	P O Box 2309 Washington, IN 47501	Hospital Construction (India)	2,500 00	65,000 00
3/27/2009	NACEA	P O Box 2309 Washington, IN 47501	Hospital Construction (India)	2,500 00	67,500 00
4/10/2009	NACEA	P O Box 2309 Washington, IN 47501		2,500 00	70,000 00
5/13/2009	NACEA	P O Box 2309 Washington, IN 47501		2,500 00	72,500 00
6/9/2009	NACEA	P O Box 2309 Washington, IN 47501	Construction	3,500 00	76,000.00
7/15/2008	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383		10,000 00	86,000 00
8/13/2008	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383		20,000 00	106,000 00
9/10/2008	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383		5,000 00	111,000 00
10/29/2008	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383	See 5017	-3,500 00	107,500 00
11/11/2008	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383	Birthing	2,500 00	110,000 00
12/11/2008	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383	Birthing	2,500 00	112,500 00
1/7/2009	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383	Birthing	5,000 00	117,500 00
2/16/2009	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383	Birthing	2,500 00	120,000 00
3/27/2009	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383	Birthing	2,500 00	122,500 00
4/10/2009	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383		2,500 00	125,000 00
6/9/2009	Northwest Haiti Christian Mi	PO Box 829 Versailles, KY 40383	Renovation	2,500 00	127,500 00
Total 7330	Clinic - Capital Operations Sup			127,500 00	127,500 00
7350 · Scholarships and Education					
6/9/2009	Asian Children's Mission	PO Box 143 Orleans, IN 47452	Translation of CHE lessons into Burmese for use in Myan .	450 00	450 00
7/7/2008	Camp Camby Conference a	Camby Conference and Retreat Center 10740 E Cty Rd 700 S PO B	Deposit	153 75	603 75
11/11/2008	Camp Camby Conference a	Camby Conference and Retreat Center 10740 E Cty Rd 700 S PO B	November CHE Seminar	1,047 25	1,651 00
12/11/2008	Camp Camby Conference a .	Camby Conference and Retreat Center 10740 E Cty Rd 700 S PO B	January CHE Training Deposit - 15% of $5,555	834 00	2,485.00
1/22/2009	Camp Camby Conference a	Camby Conference and Retreat Center 10740 E Cty Rd 700 S PO B	TOT1 Training (Meeting room)	500 00	2,985 00
1/22/2009	Camp Camby Conference a	Camby Conference and Retreat Center 10740 E Cty Rd 700 S PO B	Deposit Paid 12/11/08	-834 00	2,151 00
7/18/2008	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Ana Das - Dental School	250 00	2,401 00
7/18/2008	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Swapnil - Scholarship	250 00	2,651 00
8/4/2008	Central India Christian Missi .	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Ana Das - Dental School	250 00	2,901 00
8/4/2008	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Swapnil - Scholarship	250 00	3,151 00
9/10/2008	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Ana Das - Dental School	250 00	3,401 00
9/10/2008	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Swapnil - Scholarship	250 00	3,651 00
11/11/2008	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Ana Das - Dental School	250 00	3,901 00
11/11/2008	Central India Christian Missi	c/o Mrs. Susan Spencer PO Box 430267 Houston, TX 77243-0267	Swapnil - Scholarship	250 00	4,151 00
12/11/2008	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Ana Das - Dental School	250 00	4,401 00
12/11/2008	Central India Christian Missi	c/o Mrs. Susan Spencer PO Box 430267 Houston, TX 77243-0267	Swapnil - Scholarship	250 00	4,651 00
1/13/2009	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Ana Das - Dental School (incl catch-up for missed 10/08	500 00	5,151 00
1/13/2009	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Swapnil - Scholarship (incl catch-up for missed 10/08 pay	500 00	5,651 00
2/16/2009	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Ana Das - Dental School	250 00	5,901 00
2/16/2009	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Swapnil - Scholarship	250 00	6,151.00
3/27/2009	Central India Christian Missi	c/o Mrs. Susan Spencer PO Box 430267 Houston, TX 77243-0267	Ana Das - Dental School	250.00	6,401 00
3/27/2009	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Swapnil - Scholarship	250 00	6,651 00
4/14/2009	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Swapnil	250 00	6,901 00
4/14/2009	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Ana Das	250 00	7,151 00
5/13/2009	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267		250 00	7,401 00
5/13/2009	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267		250 00	7,651 00
6/9/2009	Central India Christian Missi	c/o Mrs Susan Spencer PO Box 430267 Houston, TX 77243-0267	Swapnil	250 00	7,901 00

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Date	Name	Name Address	Memo	Amount	Balance
3/27/2009	CMF International	5525 E 82nd St PO BOX 501020 INDIANAPOLIS IN 46250	Judy Fish taught class in Honduras	600 00	8,501 00
4/14/2009	Colombian Christian Mission	P O BOX 95 RITTMAN, OH 44270	Scholarship for Diana	2,300 00	10,801.00
5/13/2009	Colombian Christian Mission	P O BOX 95 RITTMAN, OH 44270	Scholarship for Diana	383 34	11,184 34
6/9/2009	Colombian Christian Mission	P O BOX 95 RITTMAN, OH 44270	Scholarship for Diana	383 34	11,567 68
5/26/2009	DEPOSIT		AIDS Conference Expense Reimbursement	-909 64	10,658 04
5/5/2009	Duane Crumb	HIV/Hope P O BOX 547 FORT MYERS, FL 33902	Speaker fee for AIDS conference	300 00	10,958 04
7/25/2008	Ghana Christian Mission	Ron Hera 1161 Spring Ct Avon, IN 46123	Scholarship for Yayra Nyador	3,000 00	13,958 04
9/10/2008	Ghana Christian Mission	Ron Hera 1161 Spring Ct Avon, IN 46123	Scholarship for Yayra Nyador	200 00	14,158 04
11/11/2008	Ghana Christian Mission	Ron Hera 1161 Spring Ct Avon, IN 46123	Scholarship for Yayra Nyador	200 00	14,358 04
12/11/2008	Ghana Christian Mission	Ron Hera 1161 Spring Ct. Avon, IN 46123	Scholarship for Yayra Nyador	200 00	14,558 04
1/13/2009	Ghana Christian Mission	Ron Hera 1161 Spring Ct Avon, IN 46123	Scholarship for Yayra Nyador (incl catch-up for missed 10	400 00	14,958 04
2/16/2009	Ghana Christian Mission	Ron Hera 1161 Spring Ct Avon, IN 46123	Scholarship for Yayra Nyador	200 00	15,158 04
3/27/2009	Ghana Christian Mission	Ron Hera 1161 Spring Ct Avon, IN 46123	Scholarship for Yayra Nyador	200 00	15,358 04
4/14/2009	Ghana Christian Mission	Ron Hera 1161 Spring Ct Avon, IN 46123	Yayra	200 00	15,558 04
5/13/2009	Ghana Christian Mission	Ron Hera 1161 Spring Ct Avon, IN 46123		200 00	15,758 04
6/9/2009	Ghana Christian Mission	Ron Hera 1161 Spring Ct Avon, IN 46123	Yayra	200.00	15,958 04
7/18/2008	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street	Scholarship for Tingkang	133 00	16,091 04
8/4/2008	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street	Scholarship for Tingkang	133 33	16,224 37
9/10/2008	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street	Scholarship for Tingkang	133 33	16,357 70
11/11/2008	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street	Scholarship for Tingkang	133 33	16,491 03
12/11/2008	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street	Scholarship for Tingkang	133 33	16,624 36
1/13/2009	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street	Scholarship for Tingkang (incl catch-up for missed 10/08	266 67	16,891 03
2/16/2009	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street	Scholarship for Tingkang	133.33	17,024 36
3/27/2009	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street	Scholarship for Tingkang	133 33	17,157 69
4/14/2009	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street	Tingkang	133 33	17,291 02
5/13/2009	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street		133.33	17,424 35
6/9/2009	Good News Productions Int	Mr Rich Sheeley PO Box 222 2111 North Main Street	Tingkang	133 33	17,557 68
7/18/2008	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Scholarship for Renee	125 00	17,682 68
8/4/2008	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Scholarship for Renee	125 00	17,807 68
9/10/2008	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Scholarship for Renee	125 00	17,932 68
11/11/2008	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Scholarship for Renee	125 00	18,057 68
12/11/2008	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Scholarship for Renee	125 00	18,182 68
1/13/2009	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Scholarship for Renee (incl catch-up for missed 10/08 pa	250.00	18,432 68
2/16/2009	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Scholarship for Renee	125 00	18,557 68
3/27/2009	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Scholarship for Renee - Replace #5326 3/11/09	125 00	18,682 68
4/14/2009	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Renee	125 00	18,807.68
5/13/2009	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Renee	125 00	18,932 68
6/9/2009	Haitian Christian Mission	PO BOX 56025 INDIANAPOLIS IN 46256	Renee	125 00	19,057 68
5/5/2009	Heather Larson	1720 Haverford Dr Algonquin, IL 60102	Speaker Fee for Conference	500 00	19,557 68
7/18/2008	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Isabel	150 00	19,707 68
7/18/2008	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin	150 00	19,857 68
8/4/2008	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Isabel	150 00	20,007 68
8/4/2008	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin	150 00	20,157.68
9/10/2008	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Isabel	150 00	20,307 68
9/10/2008	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin	150 00	20,457 68
11/11/2008	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Isabel	150 00	20,607 68
11/11/2008	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin	150 00	20,757 68
12/11/2008	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Isabel	150 00	20,907 68
12/11/2008	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin	150.00	21,057 68
1/13/2009	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Isabel (incl catch-up for missed 10/08 payment)	300 00	21,357 68
1/13/2009	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin (incl catch-up for missed 10/08 payment)	300.00	21,657 68
2/16/2009	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Isabel	150 00	21,807 68
2/16/2009	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin	150 00	21,957.68
3/27/2009	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Isabel	150 00	22,107 68
3/27/2009	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin	150 00	22,257 68
3/27/2009	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Judy Fish led training	682 00	22,939 68

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Date	Name	Name Address	Memo	Amount	Balance
4/14/2009	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin	150 00	23,089 68
5/13/2009	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin	150 00	23,239 68
6/9/2009	His Eyes	c/o Denny Smith 3036 E Bricklin Ct Bloomington IN 47401	Darwin	150 00	23,389 68
5/5/2009	Missions of Hope International	c/o CMF International P.O BOX 501020 INDIANAPOLIS, IN 46250	Speaker Fees they wanted given to the Hope Partnership i	250 00	23,639 68
5/5/2009	Njoroge Michael Mbito	Messiah College P O Box 3047 GRANTHAM, PA 17027	Speaker fee for AIDS conference	300 00	23,939 68
5/5/2009	Patrick Railey, M D	1675 Rock House Rd Senoia, GA 30276	Speaker fee for AIDS conference	0 00	23,939 68
5/13/2009	Patrick Railey, M D	1675 Rock House Rd Senoia, GA 30276	Speaker fee for AIDS conference	300 00	24,239 68
5/5/2009	Steve Skaggs	Cincinnati Christian University 2700 Glenway Ave. CINCINNATI, OH	Speaker fee (AIDS Conference)	300 00	24,539 68
7/18/2008	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853	Scholarship for Israel Garcia Correa	100 00	24,639 68
8/4/2008	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853	Scholarship for Israel Garcia Correa	100 00	24,739 68
9/10/2008	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853	Scholarship for Israel Garcia Correa	100 00	24,839.68
11/11/2008	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853	Scholarship for Israel Garcia Correa	100 00	24,939 68
12/11/2008	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853	Scholarship for Israel Garcia Correa	100 00	25,039 68
1/13/2009	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853	Scholarship for Israel Garcia Correa (incl catch-up for mis.	200 00	25,239 68
2/16/2009	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853	Scholarship for Israel Garcia Correa	100 00	25,339 68
3/27/2009	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853	Scholarship for Israel Garcia Correa - Replaces #5327, 3/.	100 00	25,439 68
4/14/2009	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853	Israel	100 00	25,539 68
5/13/2009	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853		100 00	25,639 68
6/9/2009	Vida Nueva Ministries	HCR 4 Box 19-B Eidson Rd PO Box 7399 Eagle Pass, TX 78853	Israel	100 00	25,739 68
Total 7350	Scholarships and Education			25,739 68	25,739 68
Total 7300	Ministry Expense			209,904 94	209,904 94
Total Expense				209,904 94	209,904 94
Net Income				**-209,904.94**	**-209,904.94**