

FROM: Orcas Island Health Care District Eline# 6641 00

Page 1 of 1

[illegible]

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to authenticate and certify to said claim.

Anne L. Presson, Superintendent

Date _____

I, the undersigned, do hereby certify under penalty of perjury that the claim is a just, due and unpaid obligation against the Orcas Island Health Care District, and that I am authorized to certify to said claim.

Patty Miller, Auditing Officer

Date _____

Board Authorization

As the duly elected Board for this District we have reviewed the claims listed above (including original backup materials) totaling \$3925.3 for the period ending _____. We approve payment with our signatures below.

Art Lange, Commissioner

Date _____

Pegi Groundwater, Commissioner

Date _____

Plane Boteler, Commissioner

Date _____

Richard Fralick, Commissioner

Date _____

Patty Miller, Commissioner

Date _____

Note: It is the DISTRICTS' responsibility to maintain adequate, original, records to substantiate these claims.