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Facsimile Transmission

Date: April 24, 2015

Fax No: 888-777-2170

Our File: XXXXXXXXXX

Your File:

Case Name: MID-ATLANTIC SURGICAL ASSOC. V. XXXXXXXXXX

PLEASE HAND DELIVER TO: KENNETH DRAMER, PC

FROM: JEROME F. O'BRIEN, ESQ.

The following transmission consists of 1 page, including this cover sheet. If all documents are not received, please contact the above person immediately.

COMMENTS:

Please be advised that my client has accepted the offer of \$2,600.00 to be paid over 6 months.

Please have the defendant mail the first payment of \$433.33 to my mailing address listed above immediately and subsequent checks on the 30th day of each month thereafter.

60%
JUDGMENT
HOSPITAL BILL