

## Exhibit F

Southern Management, Dept: Billing

# Invoice

2001 Route 46  
 Waterview Plaza  
 Suite 310  
 Parsippany, NJ 07054

Date	Invoice #
9/12/2011	297465923

Bill To
Robert Lee 2000 Lower Marlboro Rd Huntingtown, MD 20639

Terms
Due on receipt

**Accounts not paid within 7 days of an invoice are subject to a 1.5% late charge fee and a service charge of \$20.00.**

Description	Amount
Copyright Infringement Penalty * \$100 per day/ session up to \$100,000	1,900.00

Note:\* As per signed Financial Policy/ Consumer Agreement

<b>Total</b>	\$1,900.00
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To make a payment by phone please call (201) 204-9972  
 We accept money orders, cash and credit card payments (VISA/Mastercard). If you prefer to pay by a credit card, please fill out the information below:

Credit card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Signature and Date \_\_\_\_\_

# Invoice

Southern Management, Dept: Medical & Dental Billing

2001 Route 46  
 Waterview Plaza  
 Suite 310  
 Parsippany, NJ 07054

Date	Invoice #
10/5/2011	325846198

Bill To
Robert Lee 2000 Lower Marlboro Rd Huntingtown, MD 20639

**FINAL NOTICE**  
 If we do not hear from you within 10 days, this account will be turned over to our collection agency.

Terms
Final Notice

**Accounts not paid within 7 days of an invoice are subject to a 1.5% late charge fee and a service charge of \$20.00.**

Description	Amount
Previous Balance (Claim #297465492)	383.00
Service Charge	20.00
Previous Balance (Claim # 297465923)	1,900.00
Service Charge	20.00
Daily usage charges*	2,300.00
Late Fee	231.15

Note:\* As per signed Financial Policy/ Consumer Agreement

<b>Total</b>	<b>\$4,854.15</b>
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Credit card #: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_

Signature and Date \_\_\_\_\_