

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 3024109957  
Invoice Date: 2/9/2023  
PO Number: B0000870  
Check Number: E0094892  
Check Amount: \$ 1,643.12  
Check Date: 04/26/2023  
Voucher Number: V0783796  
Document Type: AP Invoice

Document Below

# PATTERSON DENTAL

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWCETT AVE  
GLEN ELLYN IL 60137-6708  
US

Customer #: 0200085769

Bill Cust #: 0200040696  
Loyalty Status: Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Ship Date: Feb 9, 2023 5:02:41 PM  
Invoice Date: Feb 9, 2023  
Customer P.O.: BO 000870  
Shipped From:  
Patterson Logistics Services, Inc.  
1004 CORNERSTONE DR  
MOUNT JOY PA 17552-9419  
US

Order #	Pack Slip #	Invoice #
0619926976	8023492430	3024109957

## INVOICE

*Handwritten:* 2/14/23 cc  
2/14/23  
2/14/23

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
72667863	1,000	1,000	PAK	YOUNG	670250	SHEATH HS PENSHORT SLV 500/PK	\$ 26.87	\$ 26.87
Total 1 1								
Terms of Payment Net due 60 days from inv date Remit Payment to: Patterson Dental Supply, Inc. 28244 Network Place Chicago IL 60673-1282								
We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by Tracelink. Enter https://app.tracelink.com/login into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.								
COPY								
Sub Total \$ 26.87 Local Tax 0% \$0.00 State Tax 0% \$0.00 Shipping and Handling \$ 0.36 Discount \$ 0.36- Total \$ 26.87								

"Conley, Cynthia" <fiskc@cod.edu>

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**Attached Image**

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"Conley, Cynthia" <fiskc@cod.edu>

Tue, Apr 4, 2023 at 07:21 PM UTC

CC:

BCC:

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**1 attachment**

2688\_001.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 3025160731  
Invoice Date: 4/18/2023  
PO Number: B0000870  
Check Number: E0094892  
Check Amount: \$ 1,643.12  
Check Date: 04/26/2023  
Voucher Number: V0783798  
Document Type: AP Invoice

Document Below



# PATTERSON DENTAL

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708  
US

Customer #: 0200085769 Bill Cust #: 0200040696  
Practitioner #: 3100040949 Rx License #: 19020280  
Practitioner: BARBAGALLO MARGUERITE A  
Loyalty Status: Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Patterson Dental Supply, Inc.  
1226 MICHAEL DRIVE SUITE G  
WOOD DALE IL 60191-1005  
US

Order #	Pack Slip #	Invoice #
0620248994	8024338557	3025160731

INVOICE

Ship Date: Apr 18, 2023 12:55:31 PM

Invoice Date: Apr 18, 2023

Customer P.O.: BO 000870

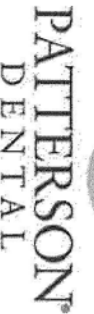
Shipped From:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

56247

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70894907	10.000	10.000	EA	PATTER	JWGPAT	WATERLESS HAND SANI GEL ANTIMICROBIAL 18 Not subject to hazardous material transport fee	\$ 10.51	\$ 105.10
70853978	3.000	3.000	BX	PATTER	05A0100	LIDOCAINE ANES 2% W/EPIN 1:100,000 50/ Lidocaine hydrochloride 2% and Epinephrine 1:100,000 Injection NDC # 50227-1030-05 Rx items returnable if unopened. Call your local branch. NDC : 50227103005	\$ 33.06	\$ 99.18
70854075	3.000	3.000	BX	PATTER	05A0003	MEPIVACAINE 3% ANES 50/PK MEPIVACAINE HCl 3% Injection without vasoconstrictor NDC #50227-1080-05 Rx items returnable if unopened. Call your local branch. NDC : 50227108005	\$ 45.63	\$ 136.89
75046206	10.000	10.000	EA	OMNIPC	12134	PERIDEX 0.12% CHG RINSE 4 OZ Peridex 0.12% Chlorhexidine Gluconate Oral Rinse 4oz bottle, NDC # 48878-0620-03 Rx items returnable if unopened. Call your local branch. NDC : 48878062003	\$ 3.29	\$ 32.90

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by Tracalink. Enter https://app.tracalink.com/login into your web browser to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.

Terms of Payment  
Net due 60 days from Inv date  
Remit Payment to:  
Patterson Dental Supply, Inc.  
28244 Network Place  
Chicago IL 60673-1282



Patterson Dental Supply, Inc.  
1226 MICHAEL DRIVE SUITE G  
WOOD DALE IL 60191-1005  
US

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Ship Date: Apr 18, 2023 12:55:31 PM  
 Invoice Date: Apr 18, 2023  
 Customer P.O.: BO 000870  
 Shipped From:  
 Patterson Logistics Services, Inc.  
 7055 CLEVELAND RD  
 SOUTH BEND IN 46628-7724  
 US

# INVOICE

Order #	Pack Slip #	Invoice #
0620248994	8024338557	3025160731

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
71446301	15,000	15,000	BX	BRAVAL	071446301	BARRIER COVER FILM BLUE 1200/PK	\$ 12.56	\$ 188.40
70287847	4	0	EA	POS	CPC201900	LIQUID SOAP SOFTSOAP 1 GAL MOISTURIZING		
						Items to be drop shipped from the vendor.		

Shipped From:

FC STATE RX: 278.000007

Total	41	41
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We continue to implement special measures to ensure continuity of supply. **ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE.** Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statistics, info and history documents available to you by TraceLink. Enter <https://app.tracelink.com/login> into your web browser to access this info. A one-time notification is provided. Material choices may be consulted and collected electronically.

Sub Total		\$ 562.47
Local Tax	0%	\$0.00
State Tax	0%	\$0.00
Shipping and Handling		\$ 10.31

Remit Payment to:  
Patterson Dental Supply, Inc.  
28244 Network Place  
Chicago IL 60673-1282

"Conley, Cynthia" <fiskc@cod.edu>

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**Attached Image**

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"Conley, Cynthia" <fiskc@cod.edu>

Wed, Apr 19, 2023 at 01:05 PM UTC

CC:

BCC:

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**1 attachment**

2776\_001.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 6105567216  
Invoice Date: 4/11/2023  
PO Number: B0000870  
Check Number: E0094892  
Check Amount: \$ 1,643.12  
Check Date: 04/26/2023  
Voucher Number: V0783800  
Document Type: AP Invoice

Document Below

# PATTERSON DENTAL

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708

Customer#: 610228198

Advantage Level: Institute

S Patterson Dental Supply, Inc.  
O CHICAGO Branch  
L 1226 MICHAEL DRIVE  
D SUITE G  
B WOOD DALE IL 60191-1005  
Y

Telephone: (630) 616-8202  
Representative: 610-05  
Order#: 125/7522175  
Submitted: 04/11/23 8:38 PM

*Cindy Smith*  
4/12/23

INVOICE#: 01UJ30/410

Date: 04/11/23 8:51 PM

Customer P.O.: *80 000870*  
Account: NA

Item#	ordered	shipped	Pkg	Mfr	Mfr Catalog#	Item Description	Unit Price	Amount	1	SC
125-6171	1	1	EA	EAGLES	FRGM	<p>Sold By Wholesale 004-001803</p> <p>This invoice is bill only.</p> <p>OPERADDS FORMS + RECALL MO</p>	149.00	149.00		32

Subtotal 149.00

Payment Terms:  
Payment due upon receipt of statement.  
Balance not to exceed 1.5% per month.  
By invoice, send a copy of invoice(s)  
Remittance to: Patterson Dental Supply Inc.  
4 Network Place, Chicago, IL 60673-1282

Page 1 of 1 Total 149.00

"Conley, Cynthia" <fiskc@cod.edu>

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**Attached Image**

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"Conley, Cynthia" <fiskc@cod.edu>

Wed, Apr 12, 2023 at 04:19 PM UTC

CC:

BCC:

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**1 attachment**

2732\_001.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 3024111745  
Invoice Date: 2/9/2023  
PO Number: B0000870  
Check Number: E0094892  
Check Amount: \$ 1,643.12  
Check Date: 04/26/2023  
Voucher Number: V0783801  
Document Type: AP Invoice

Document Below



# PATTERSON DENTAL

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708  
US

Customer #: 0200085769

Bill Cust #: 0200040696  
Loyalty Status: Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Patterson Dental Supply, Inc.  
1226 MICHAEL DRIVE SUITE G  
WOOD DALE IL 60191-1005  
US

Order #	Pack Slip #	Invoice #
0619926976	8023492480	302411745

## INVOICE

Ship Date: Feb 9, 2023 6:01:21 PM  
Invoice Date: Feb 9, 2023  
Customer P.O.: BO 000870  
Shipped From:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
71074004	6.000	6.000	BX	PATTER	107-4004	COTTON TIP APPLICATOR 3" 3WC 1000/BOX	\$ 7.88	\$ 47.28
70883330	2.000	2.000	EA	PATTER	088-3330	FACE SHIELD CLEAR REF 100/PK	\$ 114.99	\$ 229.98
76371157	2.000	2.000	PAK	SOUTHL	C10810	CLEAN IMAGE FILM SHEETS 50/BX	\$ 55.91	\$ 111.82
71381342	1.000	1.000	BX	GSK	F00573014795	ADVL DUAL ACTION DISPENSER PACK 2X50C	\$ 16.87	\$ 16.87
75489232	6.000	6.000	PAA	PALMER	3S-PHC	GLASSES EYE SAVER TINTED GREY	\$ 5.43	\$ 32.58
73093408	6.000	6.000	EA	EDS	1200-01	GLOVEN CARE LOTION SINGLE TUBE	\$ 6.79	\$ 40.74
72667863	3.000	3.000	PAK	YOUNG	670250	SHEATH HS PEN/SHORT SLV 500/PK	\$ 26.87	\$ 80.61
70850768	6.000	6.000	PAK	PATTER	07-085-0768	UNIV COVER ALL FILM - 3710-B BLUE 1,200	\$ 13.79	\$ 82.74
70532747	5	0	PAK	POS	VJO-532747-PAT3	PK-100 ECON BAG TTHBRSH W/PASTE 9X13 9 X 13 WHITE 100/PK		
70328831	1	0	PAK	POS	VJO-28831-PAT3	Items to be drop shipped from the vendor.		
70146928	1	0	PAK	POS	VJO-146928-PAT3	PK-100 SCCTR BAG ASST BEST SELLERS7.5X10 7-1/2" X 10" VARIOUS 100/PK		
70373605	3	0	PAK	POS	VJO-373605-PAT3	Items to be drop shipped from the vendor.		

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Terms of Payment  
Net due 60 days from inv date  
Remit Payment to:  
Patterson Dental Supply, Inc.  
28244 Network Place  
Chicago IL 60673-1282



# PATTERSON DENTAL

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708  
US

Customer #: 0200085769

Bill Cust #: 0200040696  
Loyalty Status: Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Patterson Dental Supply, Inc.  
1226 MICHAEL DRIVE SUITE G  
WOOD DALE IL 60191-1005  
US

Ship Date: Feb 9, 2023 6:01:21 PM  
Invoice Date: Feb 9, 2023  
Customer P.O.: BO 000870  
Shipped From:  
Patterson Logistics Services, Inc.  
7055 CLEVELAND RD  
SOUTH BEND IN 46628-7724  
US

Order #	Pack Slip #	Invoice #
0619926976	8023492480	3024111745

## INVOICE

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
72667863	1	0	PAK	YOUNG	670250	SHEATH HS PEN/SHORT SLV 500/PK Shipped from Mt. Joy Dental FC		
<p>We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by TraceLink. Enter https://app.tracelink.com/login into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.</p>								
Total	32	32						
<p>Terms of Payment Net due 60 days from inv date</p> <p>Remit Payment to: Patterson Dental Supply, Inc. 28244 Network Place Chicago IL 60673-1282</p>								
<p>Sub Total \$ 642.62 Local Tax 0% \$0.00 State Tax 0% \$0.00 Shipping and Handling \$ 8.66 Discount \$ 8.66-</p>								
Total								\$ 642.62

"Conley, Cynthia" <fiskc@cod.edu>

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**Attached Image**

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"Conley, Cynthia" <fiskc@cod.edu>

Tue, Apr 4, 2023 at 07:21 PM UTC

CC:

BCC:

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**1 attachment**

2687\_001.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 3025184945  
Invoice Date: 4/19/2023  
PO Number: B0000870  
Check Number: E0094892  
Check Amount: \$ 1,643.12  
Check Date: 04/26/2023  
Voucher Number: V0783802  
Document Type: AP Invoice

Document Below

Copy made 4/12/23

INVOICE

PATTERSON  
DENTAL

COLLEGE OF DUPAGE-HYGIENE  
DENTAL HYGIENE DEPARTMENT  
425 FAWELL AVE  
GLEN ELLYN IL 60137-6708  
US

Patterson Dental Supply, Inc.  
1226 MICHAEL DRIVE SUITE G  
WOOD DALE IL 60191-1005  
US

Ship Date: Apr 18, 2023 12:54:52 PM  
Invoice Date: Apr 19, 2023  
Customer P.O.: BO 000870  
Shipped From:  
Shipped by Vendor/Manufacturer

Customer #: 0200065769 Bill Cust #: 0200040696  
Loyalty Status: Institution Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Order #	Pack Slip #	Invoice #
0620248994		3025184945

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70287847	4.000	4.000	EA	POS	CPC201900	LIQUID SOAP SOFTSOAP 1 GAL MOISTURIZING	\$ 22.99	\$ 91.96
Total							4	4
Terms of Payment Net due 60 days from Inv date Remit Payment to: Patterson Dental Supply, Inc. 28244 Network Place Chicago IL 60673-1282								
We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by Tracelink. Enter https://app.tracelink.com/login into your web browser to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.								
Sub Total								\$ 91.96
Local Tax							0%	\$0.00
State Tax							0%	\$0.00
Shipping and Handling								\$ 1.68
Discount								\$ 1.68-
Total								\$ 91.96

**"Conley, Cynthia"** <fiskc@cod.edu>

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**Attached Image**

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**"Conley, Cynthia"** <fiskc@cod.edu>

Thu, Apr 20, 2023 at 01:36 PM UTC

CC:

BCC:

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**1 attachment**

2786\_001.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 3024140039  
Invoice Date: 4/25/2023  
PO Number: B0000870  
Check Number: E0094892  
Check Amount: \$ 1,643.12  
Check Date: 04/26/2023  
Voucher Number: V0783803  
Document Type: AP Invoice

Document Below





INVOICE		
Order #	Pack Slip #	Invoice #
0619926976		3024140039

Patterson Dental Supply, Inc.  
1226 MICHAEL DRIVE SUITE G  
WOOD DALE IL 60191-1005  
US

Bill Cust #:	0200040696
Loyalty Status:	Institution

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Ship Date: Feb 9, 2023 1:00:12 PM  
Invoice Date: Feb 12, 2023  
Customer P.O.: BO 000870  
Shipped From:  
Shipped by Vendor/Manufacturer

<b>Order #</b>	<b>Pack Slip #</b>	<b>Invoice #</b>
0619926976		3024140039

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
70532747	5.000	5.000	PAK	POS	VJO-532747-PAT3	PK-100 ECON BAG TTHBRSH W/PASTE 9X13 9 X	\$ 32.45	\$ 162.25
<p><b>Sub Total</b> \$ 162.25</p> <p><b>Local Tax</b> 0% \$0.00</p> <p><b>State Tax</b> 0% \$0.00</p> <p><b>Shipping and Handling</b> \$ 2.19</p> <p><b>Discount</b> \$ 2.19-</p> <p><b>Total</b> \$ 162.25</p>								

Page 1 of 1

Terms of Payment  
 Net due 60 days from inv date  
 Remit Payment to:  
 Patterson Dental Supply, Inc.  
 28244 Network Place  
 Chicago IL 60673-1282

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or relied credits, rebates, discounts, or other price reductions. Patterson has made DSCSA state law transaction statements, info and history documents available to you by Tracelink. Enter <https://app.tracelink.com/login> into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.

COPY

"Conley, Cynthia" <fiskc@cod.edu>

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**Attached Image**

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"Conley, Cynthia" <fiskc@cod.edu>

Tue, Apr 4, 2023 at 07:20 PM UTC

CC:

BCC:

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**1 attachment**

2686\_001.pdf



Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1087487  
Vendor Name: Patterson Dental  
Invoice Number: 3025228942  
Invoice Date: 4/21/2023  
PO Number: B0000870  
Check Number: E0094892  
Check Amount: \$ 1,643.12  
Check Date: 04/26/2023  
Voucher Number: V0783804  
Document Type: AP Invoice

Document Below



Patterson Dental Supply, Inc.  
1226 MICHAEL DRIVE SUITE G  
WOOD DALE IL 60191-1005  
US

Telephone: 630-616-8202  
Representative: Anthony Skrobowski

Ship Date: Feb 9, 2023 1:15:46 PM  
Invoice Date: Apr 21, 2023  
Customer P.O.: BO 000870  
Shipped From:  
Shipped by Vendor/Manufacturer

**INVOICE**

<b>Order #</b>	<b>Pack Slip #</b>	<b>Invoice #</b>
0619926976		3025228942

Order # Only 4/24/23

Product #	Ordered	Shipped	Unit	Vendor	Vendor #:	Description	Unit Price	Amount
70146928	1.000	1.000	PAK	POS	VJO-146928-PAT3	BX-24 CRAYONS ASST 4/PK 4/BX	\$ 7.95	\$ 7.95
Total	1	1						\$ 7.95

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS

Sub Total \$ 7.95

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INJECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payors for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DCS@Aetna law transaction statements, info and history documents available to you by TraceLink. Enter <https://app.traceink.com/login> into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.

**Terms of Payment**  
Net due 60 days from inv date

**Remit Payment to:**  
Patterson Dental Supply, Inc.  
28244 Network Place  
Chicago IL 60673-1282

"Conley, Cynthia" <fiskc@cod.edu>

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**Attached Image**

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"Conley, Cynthia" <fiskc@cod.edu>

Mon, Apr 24, 2023 at 06:00 PM UTC

CC:

BCC:

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**1 attachment**

2807\_001.pdf