



BANK OF THE WEST BNP PARIBAS

BANKCARD CENTER
PO BOX 4021
ALAMEDA CA 94501-0421



LOS MEDANOS HEALTH CARE
LAMAR A THORPE
PO BOX 8698
PITTSBURG CA 94565-8698



586825013 5472192000170715

Payment Information

| | |
|---------------------|---------------------|
| Account Number | XXXX-XXXX-XXXX-0295 |
| New Balance | \$6,922.80 |
| Minimum Payment Due | \$208.00 |
| Payment Due Date | December 1, 2021 |

Please return this portion with your payment.

Amount Enclosed
Make checks payable to:
BankCard Center

\$

Print change of address or phone number(s) below:

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____

Signature _____ Date _____

Prepared For: LOS MEDANOS HEALTH CARE
Account Number: XXXX-XXXX-XXXX-0295
Statement for Period: 10/05/21 to 11/04/21

Summary of Account Activity

| | | |
|---------------------------|---|--------------------|
| Previous Balance | | \$1,451.85 |
| Payments | - | \$1,786.73 |
| Other Credits | - | \$0.00 |
| Purchases & Other Charges | + | \$7,257.68 |
| Balance Transfer / Checks | + | \$0.00 |
| Cash Advances | + | \$0.00 |
| Fees Charged | + | \$0.00 |
| Interest Charged | + | \$0.00 |
| New Balance Total | | \$6,922.80 |
| Credit Limit | | \$15,000.00 |
| Credit Available | | \$7,786.00 |
| Past Due Amount | | \$0.00 |
| Amount Over Limit | | \$0.00 |
| Statement closing date | | 11/04/2021 |
| Days in billing cycle | | 31 |

Payment Information

| | |
|----------------------------|-------------------------|
| New Balance | \$6,922.80 |
| Minimum Payment Due | \$208.00 |
| Payment Due Date | December 1, 2021 |

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a \$38.00 late fee.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

| If you make no additional charges using this card and each month you pay... | You will pay off the balance shown on this statement in about... | And you will end up paying an estimated total of... |
|---|--|---|
| Only the minimum payment | 13 years | \$10999.00 |
| \$237.00 | 3 years | \$8517.00 (Savings= \$2482.00) |

If you would like information about credit counseling services, call 1-888-844-6177 or visit www.bankofthewest.com/creditcounseling.

QUESTIONS?

Call Customer Service (800) 996-2638
TTY/TDD (800) 659-5495
Lost or Stolen Card (800) 996-2638
Bank of the West Rewards (866) 791-4106

Please send billing inquiries and correspondence to
P.O. Box 2078, Omaha, NE 68103-2078

Please see reverse side for important information



BANK OF THE WEST BNP PARIBAS

IMPORTANT INFORMATION ABOUT THIS STATEMENT

Our Communications with You. You agree that we, any of our affiliates, agents, independent contractors or service providers may monitor and record telephone calls regarding your banking services to assure the quality of our service or for other reasons. You expressly consent that we, any of our affiliates, agents, independent contractors or service providers may use written, electronic, or verbal means, or any other medium, as permitted by law and including, but not limited to, mail and facsimile, to contact you. Your consent includes, but is not limited to, contact by manual calling methods, prerecorded or artificial voice messages, text messages, e-mails and/or automatic telephone dialing systems. You agree that we, any of our affiliates, agents, independent contractors or service providers may contact you by using any e-mail or any telephone number you provide, including a telephone number for a cellular phone or other wireless device and any telephone number you provide with your payment, regardless of whether you incur any charges as a result.

Payments. You must pay at least the 'Minimum Payment Due' by the 'Payment Due Date'. Charges, payments and credits received after the 'Statement Closing Date' will be included in your next statement. The symbol '-' following the 'New Balance' amount indicates a credit balance--do not pay this amount. Payments must be mailed to our BankCard Center address shown on the front of your statement, and must reach our BankCard Center during our regular business day by 5:00p.m. Pacific Time, for the payment to be credited on the same business day. Payments made in person at one of our branches, or made by telephone, or made electronically through our website or another website controlled by a third party on our behalf must be received by 5:00p.m. Pacific Time to be credited the same business day. *Payments received after the cutoff time of 5:00p.m. Pacific Time are credited as of the following business day.* If you fail to properly make payments, crediting such payments may be delayed and you may incur late charges and additional interest as a result of the delay. Even when your payment is credited to your account, we may delay the availability of part or all of your payment amount as credit for up to 15 days. Our acceptance of any payment marked with a restrictive legend will not operate as an accord and satisfaction without our prior express written approval.

Notice About Electronic Check Conversion. When you pay by check, you authorize us to 1) use information from your check to make a one-time electronic fund transfer from your account, or 2) process the payment as a check transaction. If we utilize option 1, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution. Call the customer service number on the front of this statement if you have questions about electronic check conversion.

Figuring the INTEREST CHARGE (Average Daily Balance including New Purchases). We figure the Periodic INTEREST CHARGE for each Balance Category by multiplying these Average Daily Balance for each Balance Category by the applicable Daily Periodic Rate(s) (shown on the front of this statement), and then we multiply the result by the number of days in the billing period, we add all the INTEREST CHARGE amounts for each Balance Category to give us the total Periodic INTEREST CHARGE. To obtain the daily balance for each Balance Category, we take the beginning balance each day and add new transactions applicable to each category, and subtract any payments, credits, and refunds applied to the category. To figure your Average Daily Balance for each Balance Category, we add all your daily balances and divide by the number of days in the billing period. There may be minor variations due to rounding.

Paying Interest. You may avoid paying an INTEREST CHARGE on Purchases and Special Purchases if you pay the entire 'New Balance' by the 'Payment Due Date'. If we do not receive the entire 'New Balance' by the 'Payment Due Date', INTEREST CHARGES will be charged on Purchases and Special Purchases from the date of the transaction. INTEREST CHARGES on Cash Advances and Balance Transfers begin on the transaction date and will be assessed even if your entire 'New Balance' is paid by the 'Payment Due Date'.

Important Information - Annual Membership Fee Renewal Notice. Note the following important information in connection with the renewal of your credit card account each year. The Annual Membership Fee scheduled to be billed to your account(s) on your next statement is shown on the front of your statement. If the Annual Membership Fee is scheduled to be billed on your next statement, you may avoid paying the fee by notifying us in writing to close your account. Your notice must reach us no later than 30 days after the 'Statement Closing Date' shown on the front of this statement. If we have received timely notice from you and the Annual Membership Fee has been billed to your account, we will then credit your account for the Annual Membership Fee. Upon receipt of your notice, your credit availability will be terminated.

O1A15203 - 2 - 11/06/18

Cardholder Name: LOS MEDANOS HEALTH CARE **Statement for Period:** 10/05/21 to 11/04/21
Account Number: XXXX-XXXX-XXXX-0295 **Statement Closing Date:** 11/04/21

News and Updates

Save on gas, dining and more for your business. It's easy. Just use your Bank of the West MasterCard® business card at participating top merchants and receive Easy Savings® rebates automatically. Use your card today and start saving. EasySavings.com

MasterCard Easy Savings Program Cardholder Terms & Conditions: Payment must be paid in full using an enrolled card at a participating Merchant location. Only select cards and certain transaction types are eligible. The rebate will appear on your statement after the purchase has posted to your card account, not on the receipt, and may not be reflected until the next statement. Other terms and conditions apply. For more information, visit easysavings.com

Bank of the West Rewards Points as of 11/01/2021

| Previous Points Available | New Points | Points Redeemed | Points Adjusted | Total Points Available |
|---------------------------|------------|-----------------|-----------------|------------------------|
| 121,486 | 13,106 | 0 | 0 | 134,592 |

For Bank of the West Rewards information, call (866) 791-4106 or log on to www.bankofthewest.com. Points have no value except when claimed by the cardholder for redeeming an award.

Transactions

"-" = Credit

| Tran Date | Post Date | Transaction Description | Reference Number | Amount |
|-----------------------------|-----------|---|-------------------|-------------|
| Transaction Activity | | | | |
| 10-04 | 10-05 | AT&T MOBILITY EPAY 8003310500 TX | 55500368NPLN1X2FN | \$124.03 |
| 10-05 | 10-05 | STAPLES DIRECT 800-3333330 MA | 05410198N3248JHE3 | \$34.95 |
| 10-05 | 10-05 | EVO EZPAY LLC 5169627537 NY | 75337008N8PQP63LP | \$21.31 |
| 10-05 | 10-05 | AIX NOVA CASUALTY COMP 8886989529 CT | 75337008N8PQR2J90 | \$736.73 |
| 10-08 | 10-08 | MSFT * E0100G2895 MSBILL.INFO WA | 15270218T001GDxDD | \$125.00 |
| 10-10 | 10-10 | WWW.1AND1.COM 6105601589 PA | 55546508W1Q7PQE3A | \$13.71 |
| 10-11 | 10-11 | CORODATA SHREDDING INC 8587481100 CA | 75217698XD332BKQ7 | \$81.74 |
| 10-12 | 10-12 | CALIFORNIA SPECIAL DIS SACRAMENTO CA | 85182448YWGPN1T5N | \$625.00 |
| 10-12 | 10-12 | AMZN MKTP US*2719S1610 AMZN.COM/BILL WA | 55432868X5V3AMKBF | \$24.26 |
| 10-12 | 10-12 | SOUTHWEST VACATIONS 8007757105 WI | 15263098X1KS6E766 | \$684.11 |
| 10-13 | 10-13 | STAPLES DIRECT 800-3333330 MA | 05410198Y324B8EH4 | \$38.23 |
| 10-13 | 10-13 | AMAZON.COM*273OB99K1 AMZN.COM/BILL WA | 55432868Y5SA0ZJ8M | \$51.31 |
| 10-13 | 10-13 | AMAZON.COM*275XQ1S50 AMZN.COM/BILL WA | 55432868Y5SBWQE18 | \$59.14 |
| 10-14 | 10-14 | AMAZON PRIME*279A54UW0 AMZN.COM/BILL WA | 55432868Z5SPLQWYS | \$14.26 |
| 10-15 | 10-15 | WWW.1AND1.COM 6105601589 PA | 5554650911Q7T8DAR | \$88.00 |
| 10-18 | 10-18 | SQ *CPR CELL PHONE REP ANTIOCH CA | 5543286935SZLTGY | \$342.39 |
| 10-19 | 10-19 | AMERICAN TROPHIES ANTIOCH CA | 05126719500Q5ZGSP | \$132.78 |
| 10-21 | 10-21 | ZOOM.US 888-799-9666 SAN JOSE CA | 823050996000E9L6Q | \$22.48 |
| 10-22 | 10-22 | EIG*CONSTANTCONTACT.CO 855-2295506 MA | 7541823973VKHLJ1P | \$225.00 |
| 10-22 | 10-22 | EDIBLE ARRANGEMENTS 8773637848 GA | 5270487972DKHJ3JD | \$132.59 |
| 10-22 | 10-22 | PAYMENT - THANK YOU | 85480309700XVH2WW | -\$1,786.73 |
| 10-27 | 10-27 | MICROSOFT REDMOND WA | 12302029Q001N9WST | \$99.99 |
| 10-28 | 10-28 | SQ *BELLECI SIGNS & AP PITTSBURG CA | 55432869D5SVSPZ7M | \$411.09 |
| 10-28 | 10-28 | AED SUPERSTORE 800-544-0048 WI | 02305379E2X6PQKBV | \$1,377.10 |

Transactions continued on next page...



BANK OF THE WEST
BNP PARIBAS

| | |
|---|---|
| Cardholder Name: LOS MEDANOS HEALTH CARE | Statement for Period: 10/05/21 to 11/04/21 |
| Account Number: XXXX-XXXX-XXXX-0295 | Statement Closing Date: 11/04/21 |

| Transactions (continued) | | | | | "- " = Credit |
|----------------------------------|-----------|---|-------------------|--------------------------------|---------------|
| Tran Date | Post Date | Transaction Description | Reference Number | Amount | |
| Transaction Activity (continued) | | | | | |
| 10-29 | 10-29 | TARGET 00018192 ANTIOCH CA | 05410199F2LRG43WW | \$27.57 | |
| 10-29 | 10-29 | PITTSBURGH DISPOSAL SE 925-6829113 CA | 55436879F514N8S13 | \$61.29 | |
| 10-30 | 10-30 | COMCAST CALIFORNIA 800-COMCAST CA | 55432869F5SATY04V | \$408.79 | |
| 10-30 | 10-30 | CVS/PHARMACY #04326 ANTIOCH CA | 02305379G00GFF7G9 | \$47.31 | |
| 10-30 | 10-30 | ADOBE PRODUCTS 4085366000 CA | 52704879FLQHYBE3X | \$14.99 | |
| 10-31 | 10-31 | AMZN MKTP US*JY9E25ZK3 AMZN.COM/BILL WA | 55432869G5SK8RWFL | \$60.09 | |
| 10-31 | 10-31 | AMZN MKTP US*VJ1CL8723 AMZN.COM/BILL WA | 55432869G5SK8VXTR | \$149.32 | |
| 10-31 | 10-31 | GETSTREAMLINE.COM WEB SACRAMENTO CA | 82711169H0001S10S | \$200.00 | |
| 11-02 | 11-02 | TBS-LAKEFOREST 585-427-2222 CA | 85502789KLDW6XAZN | \$32.98 | |
| 11-02 | 11-02 | INDEED 203-564-2400 CT | 55432869J5SDD6J82 | \$700.00 | |
| 11-03 | 11-03 | WAL-MART #2697 ANTIOCH CA | 05436849LBLK0BP69 | \$90.14 | |
| Fees | | | | TOTAL FEES FOR THIS PERIOD | |
| | | | | \$0.00 | |
| Interest Charged | | | | | |
| 11-04 | 11-04 | Interest Charge on Purchases | | \$0.00 | |
| 11-04 | 11-04 | Interest Charge on Cash Advances | | \$0.00 | |
| | | | | TOTAL INTEREST FOR THIS PERIOD | |
| | | | | \$0.00 | |

| 2021 Year-to-Date Totals | |
|--------------------------------|---------|
| Total fees charged in 2021 | \$38.00 |
| Total interest charged in 2021 | \$40.32 |

Year-to-Date Totals include interest and/or fee adjustments.

| Interest Charge Calculation | | | |
|---|------------------------------|----------------------------------|-----------------|
| Your Annual Percentage Rate (APR) is the annual interest rate on your account. | | | |
| Type of Balance | Annual Percentage Rate (APR) | Balance Subject to Interest Rate | Interest Charge |
| PURCHASES | 13.99% (v) | \$0.00 | \$0.00 |
| CASH ADVANCES | 22.99% (v) | \$0.00 | \$0.00 |
| BALANCE TRANSFER | 13.99% (v) | \$0.00 | \$0.00 |
| (v) = Variable Rate | | | |



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