

# IMPERIAL COMPANY

P.O. Box 54266  
Tulsa, Oklahoma 74155-0266  
918-749-7987

# 988 F. Supp 942

10/10/96

Re: Frontier Vision  
Balance: \$40.14  
Acct# 030-2472

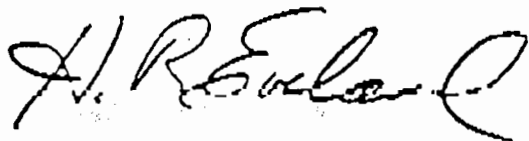
This letter is to inform you that we have been retained by the above client to institute collection proceedings against you for the above past due amount. This letter constitutes a formal demand upon you for payment **IN FULL WITHIN FIVE (5) DAYS**. If you have not contacted our office nor made payment in full within five (5) days, we will be required to pursue all legal remedies available to our client.

You should know, if this is taken to court, you may be held responsible for court costs and attorney fees in addition to the account total above.

The choice is yours.

Unless you dispute the validity of this debt, or any portion thereof, within thirty days of receipt of this letter, we will assume that the credit is valid. If you notify us in writing within the thirty day period that the debt, or any portion thereof, is disputed, we will obtain verification of the debt and mail you a copy. We will also provide you with the name and address of the original creditor, if different from the current creditor, upon your written request within the thirty day period.

Sincerely



H.R. Eveland  
President

HRE:mm

10/24/96  
you better believe I dispute the validity of this "debt."

mailed...

OFFICE HOURS  
MON, WED, FRI 8:30 to 5:00  
TUES, THUR 8:30 to 7:00



52063207

11-1-93

48.04

358  
4961  
Robert Caudate  
WAW NC

# Credit Adjustment Board, Inc.

306 East Grace Street • Richmond, Virginia 23219

(804) 649-0761

June 13, 1996

~~██████████~~ MORGAN  
~~██████████~~  
RICHMOND, VA 23234

1047198

999 F. Supp 803

ACCT#: ~~██████████~~

RE : RADIOLOGY ASSOCIATES  
OF RICHMOND, INC.

MIKE

2005

8-27-96

AMT : \$ 7.77

An important matter demanding your immediate attention has been reported to this office. You should contact this office not later than June 20, 1996 to conclude this matter.

\*IMPORTANT-To stop further action, pay your account in full to this office. Return this letter with your payment in order to receive proper credit.

Very truly yours,  
CREDIT ADJUSTMENT BOARD, INC.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor. This is an attempt to collect a debt and any information obtained will be used for that purpose.

Member: EQUIFAX CREDIT INFORMATION SERVICES, INC.  
AMERICAN COLLECTORS ASSOCIATION, INC.

326 SOUTH MAIN STREET  
EMPORIA, VA 23847

ECS-MEDICAL BUREAU



# J. L. WALSTON & ASSOC.

Telephone: 804-634-5104

ACCT: # 637999

TOTAL AMOUNT DUE: 34.06

DATE: 11/20/96

0000011099 \*\*\*\*\* 5-DIGIT 23801



PETERSBURG VA 23803-5784

# 981 FSUPP 411

CREDITOR  
SOUTHSIDE REGIONAL MEDICAL CT

ACCOUNT #

REGARDING  
DAVIS, COREY A

PRINCIPAL	INTEREST	COST	AMOUNT DUE
34.06	0.00	0.00	34.06

**\*\*\*\* NOTICE \* \*\*\* YOUR ACCOUNT HAS BEEN PLACED FOR COLLECTION. YOUR UNPAID BILL MUST BE PAID IN FULL TO THIS OFFICE UPON RECEIPT OF THIS NOTICE. FAILURE ON YOUR PART TO PAY IN FULL WHEN NOTIFIED WILL BE JUST CAUSE TO PLACE THIS ITEM ON YOUR CREDIT RECORD. ACCORDING TO LAW, IT MAY BE REPORTED FOR SEVEN YEARS. YOUR CHECK DATED IN ADVANCE WILL BE ACCEPTED AS PAYMENT IN FULL OR YOU MAY PAY WITH YOUR CREDIT CARD IF CHECKED BELOW. CALL TOLL FREE 1-800-489-5104 OR IF LOCAL, CALL 634-5104.**

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

PETERSBURG VA 23803

ACCT: 637999  
TOTAL AMOUNT DUE: 34.06

DATE: 11/20/96

## ★ IMPORTANT NOTICE ★

THIS HAS BEEN SENT TO YOU BY A COLLECTION AGENCY



ECS-MEDICAL BUREAU  
J. L. WALSTON & ASSOC.

326 South Main Street  
Emporia, VA 23847-2028

AMOUNT ENCLOSED \$ \_\_\_\_\_

I authorize my creditor to charge my obligation to the charge card below.

VISA  MASTERCARD

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card holder name \_\_\_\_\_

Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT  
(MAKE SURE ADDRESS SHOWS THROUGH WINDOW)

ECS01



ESTE ES UN INTENTO PARA COBRAR UNA DEUDA Y CUALQUIER INFORMACION OBTENIDA SERA USADA CON ESE PROPOSITO.

INFORMACION AL CONSUMIDOR:

A MENOS QUE USTED, DENTRO DE LOS TREINTA (30) DIAS DE RECIBIR NOTIFICACION ESCRITA INICIAL RELATIVA A ESTA DEUDA, DISPUTE LA VALIDEZ DE LA DEUDA, O CUALQUIER PARTE DE LA MISMA, LA DEUDA SERA ASUMIDA COMO VALIDA POR GC SERVICES. SI USTED NOTIFICA A GC SERVICES POR ESCRITO DENTRO DEL ANTES MENCIONADO PERIODO DE TREINTA (30) DIAS, QUE LA DEUDA, O CUALQUIER PORCION DE LA MISMA, ES CUESTIONADA, GC SERVICES OBTENDRA VERIFICACION DE LA DEUDA O UNA COPIA DE UN DICTAMEN CONTRA USTED Y GC SERVICES LE ENVIARA POR CORREO UNA COPIA DE DICHA VERIFICACION O DICTAMEN. SI USTED LO SOLICITA POR ESCRITO DENTRO DEL ANTES MENCIONADO PERIODO DE TREINTA (30) DIAS, GC SERVICES LE COMUNICARA EL NOMBRE Y DIRECCION DEL ACREEDOR ORIGINAL, SI FUERA DISTINTO DEL ACREEDOR ACTUAL.

LAS DEMANDAS DE PAGO DE ESTA CARTA NO REDUCEN SUS DERECHOS DE DISPUTAR ESTA DEUDA, O CUALQUIER PORCION DE LA MISMA, Y/O A SOLICITAR VERIFICACION DENTRO DEL PERIODO DE TREINTA (30) DIAS ANTES MENCIONADO.

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Limited Partnership

THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

CONSUMER INFORMATION:

UNLESS YOU, WITHIN THIRTY (30) DAYS AFTER YOUR RECEIPT OF GC SERVICES' INITIAL WRITTEN NOTICE TO YOU CONCERNING THIS DEBT, DISPUTE THE VALIDITY OF THE DEBT, OR ANY PORTION THEREOF, THE DEBT WILL BE ASSUMED TO BE VALID BY GC SERVICES. IF YOU NOTIFY GC SERVICES IN WRITING WITHIN THE ABOVE DESCRIBED THIRTY (30) DAY PERIOD THAT THE DEBT, OR ANY PORTION THEREOF, IS DISPUTED, GC SERVICES WILL OBTAIN VERIFICATION OF THE DEBT OR A COPY OF A JUDGMENT AGAINST YOU AND A COPY OF SUCH VERIFICATION OR JUDGMENT WILL BE MAILED TO YOU BY GC SERVICES. UPON YOUR WRITTEN REQUEST WITHIN THE ABOVE DESCRIBED THIRTY (30) DAY PERIOD, GC SERVICES WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

THE DEMANDS FOR PAYMENT IN THIS LETTER DO NOT REDUCE YOUR RIGHTS TO DISPUTE THIS DEBT, OR ANY PORTION THEREOF, AND/OR TO REQUEST VERIFICATION WITHIN THE THIRTY (30) DAY PERIOD AS SET FORTH ABOVE.

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LA PRESENTE EST UN EFFORT DE RECouvreMENT DE CREANCE ET TOUTE INFORMATION RECUE SERE UTILISEE A CET EFFET.

INFORMATION AU CONSOMMATEUR:

A MOINS QUE VOUS NE DISPUTIEZ LE PREAVIS PAR ECRIT EMIS PAR LES SERVICES GC AU SUJET DE CETTE CREANCE, OU DE N'IMPORTE LAQUELLE DE SES PARTIES, DANS LES TRENTE (30) JOURS DE SA RECEPTION, LES SERVICES GC LA CONSIDERERONT VALABLE. DANS LE CAS OU VOUS AVISERIEZ LES SERVICES GC PAR ECRIT DANS LES TRENTE (30) JOURS PRESCRITS CI-DESSUS QUE LA CREANCE, OU N'IMPORTE LAQUELLE DE SES PARTIES, EST DISPUTE, LES SERVICES GC OBTIENDRONT UNE VERIFICATION DE CETTE CREANCE OU UN JUGEMENT CONTRE VOUS ET UNE COPIE D'UNE TELLE VERIFICATION OU D'UN TEL JUGEMENT VOUS SERA ENVOYEE PAR LA POSTE. SUITE A UNE DEMANDE PAR ECRIT DE VOTRE PART DANS LES TRENTE (30) JOURS PRESCRITS, LES SERVICES GC VOUS FERONT PARVENIR LE NOM ET L'ADRESSE DU PREMIER CREANCIER S'IL S'AVERE DIFFERENT DU CREANCIER ACTUEL.

LES DEMANDES DE PAIEMENT CONTENUES DANS CETTE LETTRE NE DIMINUENT PAS VOS DROITS DE DISPUTE DE CETTE CREANCE, OU DE N'IMPORTE LAQUELLE DE SES PARTIES, ET/OU DE DEMANDE DE VERIFICATION DANS UNE PERIODE DE TRENTE (30) JOURS TEL QU'INDIQUEE CI-DESSUS.